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|------------------------|
| Office Use Only |
| Purchase Order: |
| Buyer's Initial & Date |
| Del By: |
| Supplier ID: |

Requisition Number

Fiscal Year

Purchase Order For Payment(Required)

(Required)

Supplier/Payee Remittance

Vendor Outside Party Employee Student

| | | | |
|-----------------|------------------|------------------------------------------|------|
| Name: | Stony Brook ID#: | | |
| Address: | City: | State: | Zip: |
| Supplier Phone: | Fax: | Supplier's Billing/Accts Rec Dept Email: | |

Requisitioner Information

| |
|---------------------------------|
| Requisitioner: |
| Organization Name (Department): |
| Zip Code: Need By Date: |
| Office Phone (xxx) xxx-xxxx |
| Building and Room Number |

Payment Information

| | | |
|-------------------------------------|----------|-----------------|
| Payment Terms: | Freight: | FOB: |
| | Due Paid | Dest FCA Origin |
| Supplier/Payee Notes: | | |
| Rush (OK to pay any Add'l. Charges) | | |
| Yes No | | |

Department Information

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account Name: |
| Account #: GL Code: |
| (Department) Name: Zip +4 : |
| Account Director: |
| Please refer to the checklist prior to submitting at www.stonybrookfoundation.org/resources |

Item Information

| Item # | Expend. Type, Catalog # & Complete Description (Include notes & buyer notes) | Quantity | Price | Total |
|--------|------------------------------------------------------------------------------|----------|-------|-------|
| | | | | |

Justification/Purpose of Purchase:

Grand Total:

Quotation: Written By:

Form must include an original authorized signature and all necessary backup. Send to SB Foundation at zip 1188.

I certify that I have reviewed and approved these documents and that this purchase requisition is consistent with the donor's intent and is in compliance with the Foundation's policies and procedures. Failure to follow these guidelines could result in my account privileges being revoked.

Original Authorized Signature

Date