Requisition Number								Office Use Only Purchase Order No:					THE RESEARCH FOUNDATION The State University of New York					
	ı	1 ,			1 1		Pur	chase On	uer i	NO:				Sto	ny Brook Un	iversity		
Year Month Day Campus Phone Ext. Seq. No.							Buy	Buyer's Initial & Date: Del By:					PURCHASE					
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Supplier Information  Name								Social Security or Fede			eral ID #	Contract	#		Grou	o #		
Address								City					State	State Zip Code				
Phone Fax								Email						1				
Ship To Information Paym						Payment Inform	ayment Information					Department Information						
Attention						Payment Terms	Frei	ight: Due	FO		Project			Task	ı	Award		
Department					Carrier		Paid			Sponsor			Expe	nditure Ty	ре			
Building Room#					Supplier Notes						tion Name (Department) Campus Zip							
					Confirming: ☐ Yes ☐ No					Project Director								
Requisitioner Need by Date				□ P/C □ F/A Ownership:				5 LI NO	Authorized Signature Date Signed					ed				
				/	/	Payment Requires [	Dept. App	roval: 🗆	Ye	s 🗆 No								
Item Info	ormat	ion									Note: Signate project charg					nmatic use	for the	
Item #		Expendi	ture Type,	, Catalog	# & Comple	ete Description (inclu	ding note	s & buyer	note	es)	Quantity	UOM	Uni	t Price		Total		
Quotation	ı: □	l Written	1			Ву:			Da	te:								
0011:		l Verbal				_	- 5 :			t/0"	A	Gran	d To		\$ Radiation	-	<b>/</b>	
OGM Арр	oroval:					Tern	n. Date:		No	tes/Other /	Approvals:				Control Required:	□ Y		

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