Stony Brook University **PURCHASE REQUISITION** **STATE FUNDS**

Departments must complete all un-shaded sections, in accordance with instructions. Information should be typed online or printed clearly with a ball point pen. Print TWO copies; retain one copy for department file, forward one copy to procurement Z = 6000.

Department Name	**28050**	Date of Request	Fiscal Year	Requisition Number **S**

Suggested Supplier		SUNY Account	Sub	Object

		Purchase Order Number	
		Group Number	Contract Number
ATTN:	Telephone No. ext:	MWBE Code:	Batch Type:
Vendor Federal I.D. No.	Fax No.	Buyer Initials and Date	

Item No.	**Materials/Services Requested**-Include **make, model, catalogue number, and description.** Attach literature if necessary.	Quantity	Unit of Measure	Unit Price	Amount	

If additional space is needed, use continuation sheet (SUSB 0102A)	PAGE _____ OF _____	GRAND TOTAL
Previous Purchase Order and/or Requisition Number, if any:	Delivery by:	FOB: ☐ Destination ☐ Prepaid

Dept./Requisitioner's Notes:	☐ **Confirming Telephone Order of** With:
Requisitioner's Pricing Source: ☐ Contract ☐ Catalog ☐ Written quote: attach copy ☐ Estimated ☐ Telephone quote (Date and Name:)	☐ PRICE QUOTED BY: ON:
Delivery/Installation Instructions: ☐ Tailgate ☐ Inside Delivery ☐ Installation by contractor ☐ Installation by agency	☐ CONFIRMATION ONLY - DO NOT DUPLICATE
Radiation control required? ☐ YES ☐ NO / Required Delivery Date:	☐ PAYMENT REQUIRES APPROVAL OF DEPT.
Deliver to: (Contact Name) / Campus Zip / Room No. / Building	☐ PROPERTY CONTROL ☐ FIXED ASSET
Requisitioned by Phone No. _____ Fax No. _____	☐ WARRANTY:

Authorized Signature	Date	Req. Encumbrance Date	P.O. Encumbrance Date	Batch #

Buyer/Purchasing Notes: