



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

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 may result in my account privileges being revoked and referral to University Audit for review.

Original Authorized Signature

Date

(Required) Check Distribution: Mail Pick up at SBF Wire Transfer (additional fee applicable)