



PURCHASE REQUISITION

Office of Sponsored Programs

225 Alumni Hall

Tel: (607)436-2731

Fax: (607) 436-2793

Purchase Order #:
Budget Category:

VENDOR / PAYEE (Make Check Payable to) (Direct Deposit Option Available)			DATE:	
Name:		Project:	Task:	Award:
Street Address:			Award Name:	
City:	State:	Zip:	Org: 220	
Phone:	Fax:	Email:		

SHIP TO			
Name:		Attention:	
Department:		Room:	
Street Address:		Building:	
City:	State:	Zip:	Phone:

ORDER INFORMATION (NOTE: If this is an equipment order, please see equipment certification statement below)

CATALOG # or ITEM#	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
			EA		
Justification / Purpose of Purchase:				SUBTOTAL	
				SHIPPING & HANDLING	
				TOTAL	

<ul style="list-style-type: none"> I certify these goods & services are necessary and exclusive for this project, do not duplicate any existing goods or service, are to be used for scientific/programmatic purposes for this project only and will not be used for personal benefit. Equipment Certification Statement: Approval of this requisition certifies that there is no equipment suitable and/or available for the purposes for which the equipment on this requisition is being purchased. 	Project Director Signature*: <hr/> *Authorized signature delegation must be on file with the Sponsored Programs Office
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Sponsored Funds Use Only / Fiscal Approval: