SUNY RF
The Research Foundation for
The State University of New York

ORSP
210 Sheldon Hall
(315) 312-2888 Phone
(315) 312-3177 Fax

CHECK ALL APPLICABLE
☐ Purchase Order, Please Order
☐ Services & Goods Received, Pay Vendor
☐ Confirming Order - Do not Duplicate
☐ Advance Pay (Must attach quote &/or justification)

Submitted Date:

Award Name:

PI (Principal Investigator or Project Director):

Award Dates:

VENDOR Name & Address	SHIP TO Address & Project Name
Email:	
Phone:	
Fax:	Phone: Fax:

SUPPLIER / VENDOR PRODUCT DATA   (If more space is needed, you may use these fields for the total order cost; just enter "Please see attached summary" under "DESCRIPTION", then submitt a listing of all items with cost and quantities)

Catalog/ Item#	DESCRIPTION	QUANTITY	UNIT Price	Total PRICE

Project #	Task #	Award #	Expense Category	Organization

Catalog/ Item#	DESCRIPTION	QUANTITY	UNIT Price	Total PRICE

Project #	Task #	Award #	Expense Category	Organization

Catalog/ Item#	DESCRIPTION	QUANTITY	UNIT Price	Total PRICE

Project #	Task #	Award #	Expense Category	Organization

EQUIPMENT CERTIFICATION SCREENING:

There is no equipment within the department suitable and/or available for the purpose for which the equipment on this requisition is being purchased.
All Technology purchases must be pre-approved by Campus Technology Services.
Please contact CTS Help Desk for networking specs and product quote approval. (phone: 315-312-3456 or email: help@oswego.edu)
Note: All Equipment Purchases, including Computer, Camera and/or other items as applicable, with a per unit cost of $500.00+ or deemed easily lost/stolen must receive a Property Control System identification number and be logged into Inventory.

TOTAL

SIGNING HERE CERTIFIES THAT THE GOODS AND SERVICES ARE NECESSARY & ESSENTIAL TO THIS PROJECT , AND DO NOT DUPLICATE ANY EXISTING GOODS OR SERVICES

Principal Investigator / Project Director Signature   **Date**

This Section is for ORSP Processing

Date Received at ORSP

Order Placed	
PI rec'd req sent (proof of ship)	
Inv. Rec'd	
Notice to Inventory Control	

Advance PO#:

Requisition #:

Campus Technology Reviewed:	Recommendation:
Approved	Accepted
Disapproved	Not Accepted

CC: Equip Control:

ORSP Approved	Date

Operations Manager	Date

Vendor #: _____   Vendor Site: _____
Invoice #: _____   Invoice #: _____
Invoice Date: _____   Invoice Date: _____
Date Entered: _____ By: _____   Date Entered: _____ By: _____
Amount   Amount

This Section is for ORSP Processing