



Project: Please Complete Sections Below:

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: | Principal Investigator / Project Director: | Award Dates: |
|             |  |              |

|                                  |                                  |
|----------------------------------|----------------------------------|
| VENDOR Name & Address            | SHIP TO Address & Project Name   |
| Email:<br><br>Phone:<br><br>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 submit 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#: | Campus Technology Reviewed:                   |
|              | Approved                      Accepted        |
|              | Disapproved                      Not Accepted |
|              | CC: Equip Control:                            |

|                |  |
|----------------|--|
| Requisition #: |  |
|                |  |

|               |      |
|---------------|------|
| ORSP Approved | Date |
|               |      |

|                    |      |
|--------------------|------|
| Operations Manager | Date |
|                    |      |

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