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

ORSP
210 Sheldon Hall

(315) 312-2888
Phone

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: Phone: Fax:	Phone: email:

SUPPLIER / VENDOR PRODUCT DATA
If more than two lines are needed, you may use the first section 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#:

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