

SUNY at STONY BROOK

MATERIAL AND SERVICES REQUISITION/VOUCHER

DEPARTMENT:		ACCOUNT DIRECTOR:		INVOICE #	
ACCOUNT DIRECTOR'S ADDRESS:				INVOICE DATE:	
REQUESTORS NAME		TELEPHONE NO.		DELIVERY ADDRESS	

INSTRUCTIONS

Enter all information requested (including Charge Account information) and obtain signatures of authorized official or project director. The approval of the authorized signatory means that State and Research Foundation accounts will be charged on the basis of this completed form.

ALL USERS - Send all copies directly to the Service Unit. A copy will be returned to the department/project director after completion of work.

SERVICE UNITS - Enter actual cost after work or service is finished, complete summary of charges and forward to the appropriate Business Office. Requisitions for charges to Research awards must be forwarded to OGM for approval of the expenditure. OGM will forward approved requisitions to Accounting for payment.

Materials or Services Requested and Special Instructions	References or Category No.	Quant.	Est. Price	Estimated Total	Total To be completed by Service Unit
Poster Printing Services		1	\$35.00	\$35.00	\$35.00
INVOICE AMOUNT					\$35.00

APPROVAL OF ACCOUNT DIRECTOR	GRANTS MANAGEMENT OFFICE	SERVICE UNIT APPROVAL
Authorized Signature _____ Date: _____	SPONSOR: _____	
The approval of the authorized signatory means that State & RF accounts will be charged on the basis of this completed form.	Grant termination date _____	
	Approval OGM _____	
	Research Foundation only: _____	

Department complete

SUMMARY OF CHARGES AND CREDITS (DISTRIBUTIONS)			RESEARCH FOUNDATION INFORMATION				
C H A R G E	State Acct Number	Expend Code	Project	Task	Award	Organization	DR. Amount
Service Unit Complete							
C R E D I T	State Acct Number	Expend Code	Project	Task	Award	Organization	CR. Amount
	900857						\$35.00