

DEPARTMENT:	ACCOUNT DIRECTOR:	INVOICE #: Service Unit
ACCOUNT DIRECTOR'S ADDRESS:		INVOICE DATE: Service Unit
REQUESTOR'S 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	HP Part #	Quant.	Est. Price	(Estimated) Total	Total (To be completed by Service Unit)
MS Select Products - DoIT to Install					
Office Sharepoint Desinger 2007*	79Q-00169-ZZ		\$34.92		
Project 2007 Standard*	076-03808-ZZ		\$52.50		
Visio 2007 Standard*	D86-02850-ZZ		\$22.35		
Windows Vista Business Edition**	66J-00592-ZZ		\$46.91		

* When you purchase a 2007 product, you will receive the 2003 version until the 2007 version is available. You are entitled to the free upgrade when 2007 becomes available.

** Windows XP Professional Licenses are no longer available from MS select. When you purchase a Vista Business licenses you will receive a Windows XP Pro upgrade license until the campus certifies MS Vista Business edition. Windows Vista Business is the only version for sale on Microsoft Select at this moment. Once Windows Vista Business edition is certified for the campus we will send out hardware/software recommendations.

INVOICE AMOUNT ▶

<p align="center">APPROVAL OF ACCOUNT DIRECTOR</p> <p>_____ Authorized Signature Date</p> <p><small>The approval of the authorized signatory means that State & Research Foundation accounts will be charged on the basis of this completed form.</small></p>	<p align="center">GRANTS MANAGEMENT OFFICE</p> <p>Sponsor: _____</p> <p>Grant termination date: _____</p> <p>Approval OGM _____</p> <p>Research Foundation only: _____</p>	<p align="center">SERVICE UNIT APPROVAL</p> <p align="center">_____</p>
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Department complete

SUMMARY OF CHARGES & CREDITS (DISTRIBUTION)			Research Foundation Account Information				
CHARGE	State Acct Number	Expend. Code	Project	Task	Award	Organization	Dr. Amount
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Service Unit Complete

CREDIT	State Acct Number	Expend. Code	Project	Task	Award	Organization	Cr. Amount
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