SUNY at STONY BROOK **MATERIAL AND SERVICES REQUISITION/VOUCHER**

DEPARTMENT:	ACCOUNT DIRECTOR:	**INVOICE # SAS08-**
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. Reqisitions 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
In payment of Annual SAS License Agreement for the Period					
July 1, 2008 - June 30, 2009 - Fee is per workstation			$ 100.00		
			INVOICE AMOUNT		

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

Department complete

SUMMARY OF CHARGES AND CREDITS (DISTRIBUTIONS)		RESEARCH FOUNDATION INFORMATION				
	State Acct Number	Expend Code	Project	Task	Award	Organization	DR. Amount
CHARGE							
Service Unit Complete							
	State Acct Number	Expend Code	Project	Task	Award	Organization	CR. Amount
CREDIT	**900842-00**						