



Stony Brook Foundation | Requisition Form

REV. 03/13/2019

Office Use Only

Purchase Order No:

Buyer's Initial & Date

Del By:

Supplier ID:

Requisition Number

Fiscal Year

Purchase Order For Payment (Required)

(Required)

Supplier/Payee Remittance

Vendor Outside Party Employee Student

Name: _____ Stony Brook ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Supplier Phone: _____ Fax: _____ Email: _____

Requisitioner Information

Requisitioner: _____

Organization Name (Department): _____

Zip Code: _____ Need By Date: _____

Office Phone (xxx) xxx-xxxx _____

Office Fax (xxx) xxx-xxxx _____

Payment Information

Payment Terms: _____ Freight: _____ FOB: _____

Due Paid Dest FCA Origin

Supplier/Payee Notes: _____

No

Rush Order - OK to pay any Add'l. Charges

Yes

Department Information

Account Name: _____

Account #: _____ GL Code: _____

Organization Name (Department): _____ Zip +4 _____

Account Director: _____

Please refer to appropriate checklist prior to submitting at:
www.stonybrookfoundation.org/resources

Item Information

Item #	Expenditure Type, Catalog # & Complete Description (Including notes & buyer notes)	Quantity	Unit Price	Total	Office Use Only

Justification/Purpose of Purchase:

Grand Total: _____

Quotation: Written By: _____ Date: _____

Form must include an original authorized signature and all necessary backup. Send to SB Foundation at zip 1188.

I certify that the purpose of purchase requisition complies with the account restrictions and is consistent with the donor's/sponsor's intent

Original Authorized Signature _____ Date _____

(Required) Check Distribution: Mail Pick up at SBF Wire Transfer (additional fee applicable)