



**THE RESEARCH FOUNDATION
PURCHASE REQUISITION #RF 441495**

Requisition Date:

SUPPLIER # _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

SOC SEC # OR FED ID # _____

PHONE # _____ FAX # _____

SHIP TO ADDRESS:

Organization Name (Hospital and/or Department) _____

030- Building _____ Room Number _____

[] _____ Attention _____

[] _____ Building _____ Room Number _____

Paperwork To: Name _____ Building _____ Room Number _____

Need By Date: _____

BUYER: _____

E-FAX FAX

PAYMENT TERMS:
 FREIGHT Due Paid
 FOB Destination FCA Origin

SUPPLIER NOTES:
 Blanket Order Advance Payment
 Standing Order Confirming Rec'd
 Confirming Order Pick-Up
 CARRIER: _____

PTAEO DISTRIBUTION:

Project	Task	Award	Ending Date
Expenditure Type			
030- _____	Organization Name (Hospital and/or Department)		
Requisitioner (Print or Type)	Telephone # _____		
Project Director's Name (Print or Type)			
Authorized Signature _____	Date _____		

G&C Approval: _____

Type	Catalog Number and Complete Description	Quantity	Unit	Unit Price	Total

Quotation: Written Verbal By _____ Date _____ Reference # _____

Questions? Please contact Procurement Services at 645-2676 or visit www.business.buffalo.edu/purchasing

ACCOUNTS PAYABLE