SUNY at Stony Brook **MATERIAL AND SERVICE REQUISITION/VOUCHER**

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 charges 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 Number	Quant.	Est. Price	(Estimated) Total	Total (To be competed by Service Unit)
MS Select Products - To be installed by Certified Department Technician					
Product Name	HP Part #				
				INVOICE AMOUNT ►	

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

Department complete

SUMMARY OF CHARGES & CREDITS (DISTRIBUTION)				Research Foundation Account 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	►							