SUNY at STONY BROOK

MATERIAL AND SERVICES 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 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.

Date _____ MS000001

Materials or Services Requested and Special Instructions	References or Category No.	Quant.	Est. Price	Total (Estimated)	Total (Completed by Service Unit)
				INVOICE AMOUNT	

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

Department complete

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

Service Unit complete

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