

# 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.

Materials or Services Requested and Special Instructions	References or Category Number	Quant.	Est. Price	(Estimated) Total	Total (To be completed by Service Unit)

INVOICE AMOUNT	
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<b>APPROVAL OF ACCOUNT DIRECTOR</b>  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.	<b>GRANTS MANAGEMENT OFFICE</b>  Sponsor: _____ Grant termination date: _____  Approval OGM _____ Research Foundation only: _____	<b>SERVICE UNIT APPROVAL</b>  _____
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## 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