

RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

PURCHASE REQUISITION FORM RF-208

Research Foundation, CUNY (RFCUNY) policy number 501-D requires that other-than-personal-service expenditures of \$5,000 and up, regardless of purpose, must have a requisition associated with it. Form RF-208 captures the information necessary to create an encumbrance and satisfy the requirements of 501-D.

This form is meant to replace the paper version of RF-208. There is no need to print and scan this form. The only documents you may have to scan are the backup documents for the purchase (i.e. quotes, contracts, etc.), however, many companies send this information electronically.

This is not an order form and should not be used in the same manner as the *Under \$5,000 Small Order Form*. If you need to complete a purchase under \$5,000 and you cannot simply get an invoice to submit for payment, please send a message to PO@rfcuny.org and someone will help you.

Directions

- 1. Fill in the appropriate fields. Failure to include appropriate information could result in delays in processing.
- 2. At a minimum, there should be one PRSY/Account number for any expenditure and one certification from the project director/principle investigator (PI).
 - The person making this certification should be one of the authorized users of the PRSY/account.
 - b. If the expenditure will require more PRSY's than are covered under this form, please contact PO@rfcuny.org and someone will help you prepare the requisition request.
- 3. At a minimum, item one should be completed. The form is set up to auto-calculate totals by line and overall.
 - a. If the requisition is for a lease or other non-goods/equipment expenditure, set the "Quantity" to "1" and enter the full price in the "Unit Price" section.
 - b. If the quote for goods or equipment is for more than the number of items allowed in the form, just put "See Attached Quote" and follow 3.a above.
- 4. Once the form is filled out, email the form and any supporting documents to PO@rfcuny.org. Please put a brief description of what the expenditure is for in the subject line.
- 5. There will be an automatic reply email sent back. This is your receipt that the requisition was sent and received by RFCUNY.
 - a. These items will not be tracked in the old "Document Tracking" system on rfcuny.org.
 - b. Questions about the status of the requisition should be sent to PO@rfcuny.org.

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Complete this form with the appropriate sections and check off the account certifications. Completed forms should be emailed with supporting documentation to PO@rfcuny.org

Vendor		Deliver t	0										
Name		Name											
Address		Address											
City		City											
State			State										
Postal Code Country			Postal Code										
Email Address			Phone Number										
Contact Name			Email Address										
(RF Use) Vendor ID			If invoices are to be sent to a separate address, enter it in the "Comments" section below.										
Important 1. For equipment items with a unit cost of \$5,000 or more, an Equipment Screening Certificate signed by an authorized college official must accompany this requisition. 2. Attach 3 written bids and/or justification for vendor selection if total cost exceeds \$15,000/\$25,000 (see RFCUNY website). Sole vendor (Attach supporting documentation) State or			PRSY Account Numbers and Breakdown										
			1. PRSY Object Amount \$										
			SY Ob						Obj	ect Amount \$			
			Y Object Amount						nt \$				
] -		<u>]-[</u>		Obj	ect Amou	nt \$		
City Contr	ract # re for orders containing chemical substances. Material	5. PRSY]-]-[Obj	ect Amou	nt \$		
	ta Sheets will be requested from the vendor selected.												
	more than one account for this purchase requisition, please ional certifications if required.	include aut	thorizatio	ons	fror	n th	ne a _l	ppro	priate	e persons for each acc	ount.		
Item	Description		Quantity				Unit Price		rice	Discount	Cost		
											-		
			Total for this.							for this requisition	<u> </u>		
O 1:0: 1	ion for Account 1 Project Director Ph	one	Total for this requisition Email Address Date										
Certificat	ion for Account 1 Project Director Ph					ıuıı	, , , ,		,	Date			
that I am the Director and expenditure Account, in certify that procurement the grant full that I am the grant full that I am the grant full that I am the Director and I am the	g the box above, I am certifying the above referenced Project do that I am authorizing the e of funds for above referenced amounts stated herein. I further I have complied with any not requirements associated with and for this Account and that the fair and reasonable to the best of the	tructions											

This is not an order form and should only be used to create an encumbrance or purchase order.

Rev. 3.18

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If utilizing more than one account for this purchase requisition, please include authorizations from the appropriate persons for each account. Add additional certifications if required.

Certification for Account 2 Project Direct Certified	ector	Phone	Email Address	Date						
-	Comments or Spec	cial Instructions								
By checking the box above, I am certifying that I am the above referenced Project Director and that I am authorizing the expenditure of funds for above referenced Account, in amounts stated herein. I further certify that I have complied with any procurement requirements associated with the grant funds for this Account and that the prices are fair and reasonable to the best of my knowledge	Comments of Spec	Ciai ilisti uctions								
Certification for Account 3 Project Direct Direct Certified	ector	Phone	Email Address	Date						
	Comments or Spe	cial Instructions								
By checking the box above, I am certifying that I am the above referenced Project Director and that I am authorizing the expenditure of funds for above referenced Account, in amounts stated herein. I further certify that I have complied with any procurement requirements associated with the grant funds for this Account and that the prices are fair and reasonable to the best of my knowledge	Comments or Spec	cial instructions								
Certification for Account 4 Project Direct Direct Certified	ector	Phone	Email Address	Date						
Certified										
	Comments or Spe	cial Instructions								
By checking the box above, I am certifying that I am the above referenced Project Director and that I am authorizing the expenditure of funds for above referenced Account, in amounts stated herein. I further certify that I have complied with any procurement requirements associated with the grant funds for this Account and that the prices are fair and reasonable to the best of my knowledge										
Certification for Account 5 Project Direct D	ector	Phone	Email Address	Date						
	Comments or Spe	cial Instructions								
By checking the box above, I am certifying that I am the above referenced Project Director and that I am authorizing the expenditure of funds for above referenced Account, in amounts stated herein. I further certify that I have complied with any procurement requirements associated with the grant funds for this Account and that the prices are fair and reasonable to the best of my knowledge										

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