The Upstate Foundation, Inc.

Purchase Order

(To be processed this MUST be typed)

VENDOR	BILLING ADDRESS The Upstate Foundation, Inc. 750 East Adams Street Syracuse, NY 13210				
	Email: <u>UpstateFoundationAccounti</u>			ng(a)upstate.edu	
		(315) 464-4416			
Email:	Fax #	(315) 464-4837			
Phone #	T N	20			
Fax #	Terms: Net 30				
SHIP TO:	INTED	NAL DELIVE	DV DOINT		
		NAL DELIYE	KI FUINI		
The Upstate Foundation, Inc.	Dept. Name				
Receiving Department 117 Monroe Street	Bldg.				
Syracuse, NY 13210	Room #	Dept. Phone			
Sylacuse, 1V1 13210	Κοσιι π		Dept. I none		
Description		Quantity	Price	Total	
(Include Vendor Catalog or Item #)		Quantity	Frice	Amount	
n	ata		Total		
Fund Advisor Signature Date Total					
I und Advisor Signature					
By signing I acknowledge that this expenditure request is with					
For purchases greater than \$20,000, three competitive bids ha		ned and listed wit	th request; if not	the reason has been	
documented on attached Upstate Foundation Single/Sole Source	ce Form.				
The items and quantity ordered with this purchase order have been	received and	were accented.			
The ments and quantity stateful with this parentage state have seen	. 1000110a and	sto accepted.			
Received Date					
	Fund Advisor Signature				

PURCHASE ORDER INFORMATION

Order#

Fund#

Vendor Account #: