The Upstate Foundation, Inc.

## Purchase Order

(To be processed this MUST be typed)
VENDOR

Email:
Phone \#
Fax \#

## SHIP TO:

The Upstate Foundation, Inc.
Receiving Department
117 Monroe Street
Syracuse, NY 13210

PURCHASE ORDER INFORMATION
Fund \#
Order \#

Vendor Account \#:

## BILLING ADDRESS

The Upstate Foundation, Inc.
750 East Adams Street
Syracuse, NY 13210
Email: UpstateFoundationAccounting@upstate.edu
Phone \# (315) 464-4416
Fax \# (315) 464-4837

Terms: Net 30

INTERNAL DELIVERY POINT
Dept.
Name
Bldg.
Room \# $\qquad$ Dept. Phone


| Description <br> (Include Vendor Catalog or Item \#) | Quantity |  |  |
| :--- | :---: | :---: | :---: |
|  |  |  | Total <br> Amount |
|  |  |  | 0.00 |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |

Fund Advisor Signature
By signing I acknowledge that this expenditure request is within the guidelines of the fund purpose.
For purchases greater than $\$ 20,000$, three competitive bids have been obtained and listed with request; if not the reason has been documented on attached Upstate Foundation Single/Sole Source Form.

The items and quantity ordered with this purchase order have been received and were accepted.

