

STATE
OF
NEW YORK

CLAIM FOR PAYMENT

Vendor Information

Vendor Name THE RESEARCH FOUNDATION OF SUNY		Vendor Identification Number 1000013735			
Address PO Box 9		City Albany	State NY	Zip Code 12201-0009	
ATTN: CASH RECEIPT DEPARTMENT		Invoice Number 55104/1208536			

Purchase Order No. and Date	Description of Material/Service	Quantity	Unit	Price	Amount
	REQUESTED REIMBURSEMENT FOR THE PERIOD: 01-DEC-11 - 29-FEB-12				\$76,571.55

Vendor Certification:

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

AR/REPORTING COORDINATOR

Vendor's Signature in Ink

Title

26-MAR-12

THE RESEARCH FOUNDATION OF SUNY

Date

Name Of Company

Total

\$76,571.55

Discount %

Net

\$76,571.55

NYS Agency Information

Vendor Identification Number		Vendor Location ID		Vendor Address Sequence	
Voucher ID	Business Unit Name		Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling code	Payee Amount	Agency Internal Use	
Invoice Number					

PeopleSoft Form at Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield1 - Accumulator	Chartfield2? Agency Use	Chartfield3	Amount

Legacy Format Charge Lines (If Applicable)

Expenditures						Liquidation				
Dept	Cost Center	Var	Yr.	Object	Accum	Amount	Orig Agency	PO/Contact	Line	F/P
					Dep L					
Liability Date			From Date	TC	Subledger			Optional		