**SUNY Canton RIC**
**Attention: Office of Research and Sponsored Programs**
34 Cornell Drive
Canton, NY 13617
**Phone:** (315) 386 - 7686

**Date:** 2/6/2026
**Invoice #**
**For**

## Bill To:

Company Name
Attention:
Street Address
City, State Zip

| Service | Description | Unit price | Qty | | Total |
|---|---|---|---|---|---|
| | | | 1.00 | $ | - |
| | | | 1.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| | | | 0.00 | $ | - |
| Subtotal | | | | $ | - |

Make all checks payable to:
**The Research Foundation for SUNY**.

Please include **Invoice # on check**
Please **NO CASH PAYMENTS**

If you have any questions concerning this invoice, Contact SUNY Canton Office of Research and Sponsored Programs at (315) 386 - 7686.

**Thank you for Collaboration!**

| | | |
|---|---|---|
| **Credit** | $ | - |
| **Tax** | | 0.00% |
| **Total Balance due** | **$** | **-** |