

SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION, INC

PURCHASE ORDER REQUEST FORM

Investigator's Account:	Date:
Contact Name:	Ext.:
Vendor's Name:	PO # :
Vendor's Address:	Phone # :
Special Instructions:	

	Stock #	Description	Quantity	Unit Cost	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
				Total	

Justification (must be completed):

Please attach any web printout, e-mail or faxed quotation received from vendor.

Investigator's Name and
Signature

Mr. Luis Gonzalez
Acting Executive Director