Veterans
Medical Research
Foundation

**PURCHASE ORDER # _____**

**Bill To:**
**Veterans Medical Research Foundation**
**3350 La Jolla Village Drive 151A**
**San Diego, CA 92161**
**(858) 552-8585 x7606 (858) 642-3104 Fax**

**Ship To:**
_____
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|---|---|
| **P.I Name:** | **Today's Date:** |
| **Signature:**_____ By signing this form, I hereby attest that the funds being disbursed are for goods and/or service related specifically to the grant, contract or other funding source associated with this project number. | **Date Required:** |
| | **Room #:** |
| **Building: Ext: Mail Code:** | ☐ **Overnight** ☐ **2-Day** ☐ **Ground** |
| **VMRF Project# -** | **Vendor Acct#:** |

***COMPUTER HARDWARE AND SOFTWARE ORDERS ARE NON RETURNABLE.**
**RETURNED ITEMS ARE SUBJECT TO RESTOCKING FEES BY THE VENDOR**

## Purchase Order Details

| Catalog # | Product/Service Description (Please be specific & list manufacturer #) | Qty | Unit Size | Unit Cost | Amount |
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| | **Hazardous Materials** | | | | |
| | **Shipping & Handling** | | | | |
| | **CA State Tax (8.75%)** | | | | |
| | | | | **TOTAL** | |

| | | |
|---|---|---|
| **Vendor:** | | **Contact:** |
| **Address:** | | **City/State/Zip:** |
| **Phone:** | | **Fax:** |
| **Placed By:** | | **Order Date:** |
| **Conf. #:** | **PO Faxed** ☐ | **Est. Delivery:** |
| **Requires C&G approval** ☐ **Yes** ☐ **No** | **Initials:** | **Date:** |
| **Secondary approval required** ☐ **Yes** ☐ **No** | **Initials:** | **Date:** |