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:
_____
_____
_____

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; and are related specifically to VA approved research or education.	**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
End User Name:	**Hazardous Materials**				
End User Ext:	**Shipping & Handling**				
End User Email:	**CA State Tax (7.75%)**				
				TOTAL	

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