

Bill To: <p style="text-align: center;"> North Florida Foundation for Research and Education 1601 SW Archer Road Gainesville, FL 32608 (P)352-548-6000 Ext. 103399 Email: Paige.Webb@va.gov </p>	Deliver To (if different from Bill To):
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Requestor:	Today's Date:
Account Holder Name/PI (if different from Requestor):	
Signature: By signing this form, I hereby attest that the funds being disbursed are for goods and/or services related specifically to the grant, contract or other funding source associated with this account. I also acknowledge the items purchased are property of the NFFRE and any transfer of equipment requires applicable approval.	Date Required:
NFFRE Account #:	
If equipment is being requested please provide location of where it will be stored:	
If this purchase involves a laptop or other mobile device please specify : <input type="checkbox"/> Will access or contain PHI <input type="checkbox"/> Will NOT access or contain PHI	
Purpose/Ultimate Intended Use:	

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

**** Animal purchases require approval by Animal Lab supervisor**

**** Purchases which involve chemicals and gases require the approval of the VA Biosafety Officer.**

Purchase Order Details

Item #	Product/Service Description (Please be specific)	Qty	Unit Size	Unit Cost	Amount
	Hazardous Materials				
	Shipping & Handling				
				TOTAL	

Vendor:	Contact:
Address:	City/State/Zip:
Phone:	Fax:
ARF Supervisor Approval(if applicable):	
NF/SG VHS Biosafety Officer Approval(if applicable)	
<i>NFFRE Office Use Only</i>	
<i>Executive Director Approval:</i>	
PO#:	
Ordered By/Date:	<i>Estimated Delivery Date:</i>
Entered in A/P:	<i>Expense Acct:</i>
<i>Balance verified by(for subawards budget verified):</i>	
Paid via: <input type="checkbox"/> Credit Card	<i>Confirmation #:</i>