

**SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION, INC**

**PURCHASE ORDER REQUEST FORM**

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

	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					
				<b>Total</b>	

**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