



Palo Alto Veterans Institute for Research
 P.O. Box V-38
 Palo Alto, CA 94304
 Phone (650) 858-3970
 Fax (650) 858-3907

Purchase Order Blanket Purchase Order

Today's Date _____

Requisition for Electronic Devices*

*Must attach completed Request for Electronic Devices form

Vendor _____ Vendor Contact _____ All quotes & invoices must be made out to PAVIR. All packing slips must be submitted to PAVIR. Date Required _____ Ship Via: Overnight Delivery 2 - Day Delivery Regular (7 - 10 Business Days)	Ship to: 3801 Miranda Avenue, Palo Alto, CA 94304 <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">_____</td> <td style="border: none; width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Attention</td> <td style="border: none; text-align: center;">Mail Code</td> </tr> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Building</td> <td style="border: none; text-align: center;">Room</td> </tr> <tr> <td colspan="2" style="border: none; text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="border: none; text-align: center;">Email</td> </tr> <tr> <td style="border: none; text-align: center;">(650) 493-5000</td> <td style="border: none; text-align: center;">Ext. _____</td> </tr> </table>	_____	_____	Attention	Mail Code	_____	_____	Building	Room	_____		Email		(650) 493-5000	Ext. _____
_____	_____														
Attention	Mail Code														
_____	_____														
Building	Room														

Email															
(650) 493-5000	Ext. _____														

Quantity	Catalog #	Description	Cost	Total
Subtotal				
CA State Sales Tax (Santa Clara County 9% as of 4/1/17)				
Total Cost				

 Signature of PI or Designee

PAVIR Account (10 Characters)

Justification / Buyer Notes:

For PAVIR office use only:			
PAVIR Approval	Buyer	Order Date	PAVIR PO#