PAVIR

REQUISITION

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 _____

☐ Request 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 Ave. Palo Alto, CA 94304

_____ Attention _____ Mail Code

_____ Building _____ Room

_____ Email

(650) 493 - 5000 Ext _____

QTY	Catalog #	Description	Cost	Total
				-
				-
				-
				-
				-
				-
				-
				-

CA State Sales Tax (Santa Clara County) -

Total Cost -

_____ PI / Designee

PAVIR Account (10 Characters)

Justification/Buyer Notes:

For PAVIR office use only:

PAVIR Approval	Purchaser	Order Date	PAVIR PO#	