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					
Today's Date						Purchase Order Blanket Purchase Order Requisition for Electronic Devices* *Must attach completed Request for Electronic Devices form					
Vendor Vendor Cont All quotes &		es must be	made out t	TO PAVIR	Ship to:	3801 Miran		ue, Palo	Alto, CA		
All packing slips must be submitted to PAVIR. Date Required Ship Via: O Overnight Delivery						Building			Room		
2 - Day DeRegular (7			elivery	ness Days)		Email (650) 493-5000 Ext.					
Quantity	Cata	llog #			Desc	ription			Cost	Total	
							G		Subtotal		
CA Stat						Sales Tax (Santa Clara County 9% as of 4/1/17) Total Cost					
Justification / 1			liee				PAVI	R Accour	nt (10 Chara	acters)	
	-										
				For PAV	/IR office	e use only:					
PAVIR App	AVIR Approval Buyer Order		Date	PAVIR PO#							