

Bill Directly to GLAVREF

Post Office Box 25027 Los Angeles, CA 90025

Purchase Requisition

(If Yes, Performance Period is Required Below)

Please do not leave any fields blank. ALL fields are mandatory. Fields left blank will cause the form to be returned to the PI. To find your fund number, please refer to your financial statements.

Date

Purchase Requisition Number

Recurring Yes No

Vendor

Company Name

Street Address

State Zip Code

Phone

City

Sales Representative

Ship To

*Due to Ongoing Covid/Pandemic Requirements, deliveries to home addresses are allowed until further notice.

Attention

Company Name

Street Address

(Include Building and Room)

City State Zip Code

Phone

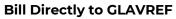
Delivery Date Required

Research Justification

Fund Number (Mandatory) PI Approval Date VA Project Number Fund Approval/Allocation Date

Approved Signature, Brent Davis GLAVREF Research and

Education Officer Date PI Signature Date





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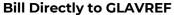
Catalog Number Description Quantity Unit of Measure Unit Price Total

Subtotal

Sales Tax (@9.50% Enter Manually)

Shipping and Handling (Enter Manually)

Grand Total



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GLAVREF Purchase Requistion "How To"

- **Recurring** choose the check box next to Yes or No, to indicate the type of ٦. Purchase Requisition.
 - o Yes -- when chosen, means the Purchase Requisition being issued is recurring or sometimes referred to as an OPEN PO where a performance period is required. The total amount in the Purchase Requisition will be available within the performance period indicated.
 - o No -- when chosen, means the Purchase Requisition being issued is a regular PO and for one-time use only. The performance period dates are not required.

2. Vendor

o All fields are required to be entered.

3. Ship To:

- o Attention: Enter the name of the person receiving the delivery. This is
- Company Name: Please indicate VAMC/West Los Angeles or VAMC/Sepulveda, depending on the location of the PI or delivery.
 Street address (include building and room) this is required information for the vendor to have an accurate location of delivery.
 City, State, Zip Code as indicated
- o Phone contact number of the person receiving the delivery.
- o Delivery Date required indicate the date when the delivery is required.

Research Justification 4.

o This is a required field. The PI must indicate that the requested items to be purchased are research related.

5. **Fund Number**

o This is the assigned fund number to the PI's research project. If unknown, Brent Davis will provide this information.

6. PI Approval

o Required. PI must sign/electronically sign Purchase Requisition.

7. Date

o Required. Date PI signed Purchase Requisition.

8. **VA Project Number**

o VA Assigned Project Number Used to Identify Related Projects in the VA System.

9. **Fund Approval and Allocation**

o Required. Brent Davis, Research and Education Officer Signs to Indicate Approval.

10. **Date**

o Required. Date Brent Davis, Research and Education Officer Signs and approves Purchase Requisition.

Catalog Number

o Catalog Identification Number of Item Being Ordered

11. **Catalog Number**

o Catalog Identification Number of Item Being Ordered

12. Description

o Description of Item Being Ordered

13. Quantity

o Number of Items Being Ordered

14. Unit

o Unit of Measure of Items Being Ordered

15. **Unit Price**

o Unit Price of Items Being Ordered

16. Subtotal

o Total Cost of Items Ordered Prior to Tax, Shipping, Handling Costs.

17. Sales Tax (If Applicable)

o If Applicable, 9.5% Sales Tax. (Manual Entry)

18. Shipping and Handling

Estimated Shipping/Freight Costs if Available. (Manual Entry)

19. **Grand Total**

o Total of All Cost