

Dept. of Comparative Medicine		Date of Request:	PURCHASE ORDER #		T		
Mail Box 357190 - Phone 206-543-8047 - Fax 206-685-3006							
email: sunver@u.washington.edu		Budget Number:	Departmental Contact:				
PURCHASE ORDER REQUEST			Samantha Unver				
Delivery Address:		Date Material Required:	Technical Contact:				
U OF W, Dept of Comparative Medicine			Authorization:				
1959 NE Pacific , Box 357190							
Seattle, WA 98195							
Attn. Samantha Unver							
Item#	Item Description	Quantity	Unit	Unit cost	Ext. Cost	Obj/Sub Code	Task/Option/Proj
Special Instructions:		Subtotal cost for order:		\$	-	Sales Tax Review:	
		Sales Tax @ 8.8%:		\$	-		
		Shipping & Handling:				Taxable:	Y N
		Total Order Cost:		\$	-	Tax Included:	Y N
Vendor Information (Name, Address, Contact Name, Phone Number.)			CONFIRMING ORDER INFO				
			ORDER PLACED BY;				
			VENDOR REP NAME;				
Sole Source:			CONFIRMATION #				
Comments:							