



4646 John R (11R)
 Detroit, MI 48201
 Phone: (313) 576-4473
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Purchase Order

PO #

ACCOUNT
 NUMBER:

Date Ordered: _____ Date Required: _____ Protocol #: _____

Vendor

Requestor

NAME		INVESTIGATOR NAME	
ADDRESS		ADDRESS/ ROOM/BLDG	
CITY	STATE /ZIP	CITY	STATE/ZIP
PHONE		CONTACT PERSON	
FAX	PHONE	FAX	

Stock Number	Qty	Units	Description	Unit Price	TOTAL
Sub Total					
Shipping					
Handling					
TOTAL					

Justification: (ie, how does this order relate to research and/or education) _____

Authorization (if necessary): _____

Date _____ Reference # _____
 Sales Rep _____
 Delivery Date _____

MDREF Completes:
 Expense/Category: _____ Check #: _____
 Date Paid: _____ Amount Paid: _____