

Veterans Health Foundation

Improving Veterans Lives Through Research and Education

PURCHASE ORDER FORM

Please see the instructions on page two for guidance in completing this form.

All capital equipment (>\$5,000) and computers/laptops must be purchased by VHF. Personal reimbursement for these items is **not** allowed. Contact VHF directly to order.

thorized Signature		Date			
Vendor Information		Budget Infor	mation		
Name			VHF Account		
Address		PO #:			
Address		- PO # :			
		IRB#			
Phone					
Federal purchases > \$10,000 All purchases > \$250,000, re All individuals making purcha	000, the use of VHF approved vendo require a Vendor Justification Form, egardless of source, please contact the ases on behalf of VHF must follow the s VHF's other conflict of interest police	, see Policies and form he VHF administration he conflict of interest s	before proceeding.		
Order Confirmation #	uon.org/				
Item #	Description	Qty	Unit Cost	Total Cost	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
·			Subtotal	\$	
			Ship/Handle	\$	
			PA State Tax	\$	
Justify the project-related purpose			Total	\$	
of this expenditure					
Shipping Information		_	Billing Information		
Attention		_	Veterans Health Foundation		
Building/Room #			University Drive C Building 30 Ground Floor		
Address City State Zip		· ·	Pittsburgh, PA 15240		
City, State Zip		412.360.2403	5 (V)		
Phone/Ext					
	VHF OFFICE U	JSE ONLY			
/HF Approval		PO#			
APHS BioSafety Officer Ap	proval (if Applicable)	SAM.gov St	atus Checked		
/HF Funds Approval	Chart of Account Name and #				



All orders for supplies (e.g. office, lab, animal, clinical, etc.), services, and equipment will need a PO completed and emailed to alyssa.kukonik@va.gov.

In addition to this PO, a Vendor Justification form is required for federal purchases equal or greater than \$10,000 per PO.

Filling out the PO:

Complete the Vendor Information and Budget Information sections. Make sure you enter the VHF Account # as well as the PROSPECT project ID (if applicable). If you are allocating a purchase between two or more accounts, indicate multiple VHF Account #s and the percentage per account. PO # will be assigned by VHF.

An authorized signer on the VHF account must sign the PO. The signed PO serves as authorization for payment by VHF upon receipt of the invoice from the vendor.

Complete the order information using the vendor catalog number, description, quantity, unit cost and extended cost.

Justify the research/education-related purpose of the order in detail - **directly state how this purchase is related your project and/or to Veteran research/education.**

Examples:

Laboratory/clinical supplies required for project experiments in Specific Aim 3 Service necessary to carry out the project objectives Software necessary to analyze critical project data Software for manuscript preparation for results of this project

Complete the shipping information section.

Send the completed, signed order request to alyssa.kukonik@va.gov.

Additional Purchasing Steps

Receipt of incoming packages must be verified and inspected for damage, defects or errors as soon as received. Items must be identified by the information available on the packing slip included with the order. If discrepancies or defects are noted, please contact VHF immediately.

The packing slip must be sent to the VHF administration at alyssa.kukonik@va.gov. If there are discrepancies or damaged items, please provide description when sending in the packing slip. This process will serve as documentation to verify discrepancies between items ordered and items shipped. If there is no packing slip, please let VHF know and you will be provided a Replacement Packing Slip form to sign. VHF cannot pay invoices without this reconciliation.