Palo Alto Institute for Research & Education

PURCHASE ORDER

NUMBER _____
(Supplied by PAIRE office)

Bill To: P.O. Box V-38
Palo Alto, CA 94304-0038
Purchasing Agent: (650) 858-3970
Fax: (650) 858-3907

Ship To: 3801 Miranda Avenue
Palo Alto, CA 94304-1290

Attention: _____ (_____)
mail code

Building: _____ Room #: _____

Recipient: (650) 493-5000, extension _____

Today's Date _____

Date Required _____

Ship Via:
- ☐ Overnight Delivery
- ☐ 2-Day Delivery
- ☐ Regular (7-10 working days)

Vendor _____ Phone # _____

_____ Fax # _____

Vendor Contact _____ Customer # _____

Quantity	Unit	Stock/Catalog #	Description	Unit Cost	Extended Cost	B/O

☐ This purchase order is for the provision of services, not goods.

Shipping Charges	
California State Sales Tax (Santa Clara County)	
Total Cost	

Justification: (How does this order relate to your research or education activity?)

_____

_____
PAIRE Investigator's Signature

PAIRE Account (10 Characters)

Approved	Order Date	Delivery Date	Order Placed by	At Vendor - Order taken by	Reference Number