

# PURCHASE ORDER

VENDOR NAME & ADDRESS:

Ship ONLY to this address:

**NOTE TO VENDOR:** Order Number ("RF" and number) must appear on all invoices, cartons, and correspondence related to this order.

P.O. DATE	ORDER NUMBER	CUSTOMER ACCT. #	F.O.B.	TERMS
	RF-		Destination	Net 30 Days

ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
			\$	\$
				<b>\$ 0.00</b>

Invoice ONLY to this address:

Florida Sales Tax Exemption Number: 85-8012567412C-1

FEID Number: 59-3211153

\_\_\_\_\_  
(Authorized Signature/Principal Investigator)

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_