PURCHASE ORDER FORM

UNIVERSITY OF WASHINGTON
DEPARTMENT OF PEDIATRICS
BOX 356320
Remit to Financial Accounting at pedorder@uw.edu

Finance Office Only
☐ Workday
☐ ProCard
REFERENCE #:

DATE: _____

NAME: _____ **DELIVERY ADDRESS:** _____

E-MAIL: _____ **ROOM NUMBER / LAB:** _____

PHONE: _____ **CITY, STATE, ZIP:** _____

SUPPLIER: _____

BUSINESS PURPOSE:

IS THIS AN M&E SALES TAX EXEMPT PURCHASE? ☐ Yes ☐ No

If **all** three apply this purchase qualifies for M&E exemption.
- ☐ Equipment has a useful life of more than one year
- ☐ Equipment will be used more than 50% annually on qualifying research
- ☐ Equipment has an acquisition cost of $200 or more

Required: Provide a M&E Statement in the comment section

IS THIS PURCHASE OVER $10,000? ☐ Yes ☐ No

Required: Submit the UW Procurement Services Sole Source Justification Form

- Print a copy of your sole source justification form and attach it with this PO form

Click Here for the: UW Procurement Services Sole Source Justification Form

CATALOG #	DESCRIPTION	QTY	UNIT	UNIT PRICE	SUBTOTAL	WORKTAG Program, Grant, Gift, Cost Center and Resource, Activity, etc
			unit		$ 0.00	
			unit		$ 0.00	
			unit		$ 0.00	
			unit		$ 0.00	
			unit		$ 0.00	
			unit		$ 0.00	
			unit		$ 0.00	
					$ 0.00	**TOTAL AMOUNT** w/o tax or shipping

Seattle, WA tax rate is **10.35% - if item(s) is taxable, this amount will be added to the total amount at checkout.**

COMMENTS / SPECIAL INSTRUCTIONS:

SIGNATURE OF PI OR OTHER APPROVED BUDGET AUTHORITY:
I certify that I have reviewed the above order and all charges are appropriate, allowable, and in direct support of the listed worktag(s).

DATE:

Finance Office Only
PROCESSED BY:

DATE: