

# SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

## PURCHASE ORDER FORM

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

All capital equipment (>\$10,000) and computers/laptops must be purchased by the SIBCR Accounting department. Personal reimbursement for these items is **not** allowed. Contact SIBCR Accounting directly to order.

<b>Authorized Signature</b> _____		<b>Date</b> _____																																																																		
See <a href="http://www.sibcr.org">www.sibcr.org</a> in the accounting section for a list of approved vendors.																																																																				
<b>Vendor Information</b>		<b>Budget Information</b>																																																																		
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Address _____		SIBCR Acct # _____																																																																		
Phone _____		RDIS # _____																																																																		
		SIBCR PO # _____																																																																		
<b>Purchasing Requirements Summary</b>																																																																				
For federal purchases ≤ \$25,000, the use of SIBCR approved vendors is encouraged.																																																																				
Federal purchases > \$25,000 require a Vendor Justification Form, see <a href="https://www.sibcr.org/accounting-forms/">https://www.sibcr.org/accounting-forms/</a>																																																																				
All purchases > \$250,000, regardless of source, please contact the SIBCR accounting office before proceeding.																																																																				
All individuals making purchases on behalf of SIBCR must follow <a href="#">SIBCR's Procurement Policy</a> .																																																																				
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<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Cat #</th><th style="width: 45%;">Description</th><th style="width: 10%;">Qty</th><th style="width: 15%;">Unit Cost</th><th style="width: 20%;">Cost Ext.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td>\$</td></tr><tr><td colspan="3" style="text-align: right;"><b>Subtotal</b></td><td> </td><td>\$</td></tr><tr><td colspan="3" style="text-align: right;">Ship/Handle</td><td> </td><td>\$</td></tr><tr><td colspan="3" style="text-align: right;">WA State Tax</td><td> </td><td>\$</td></tr><tr><td colspan="3" style="text-align: right;"><b>Total</b></td><td> </td><td>\$</td></tr></tbody></table>				Cat #	Description	Qty	Unit Cost	Cost Ext.					\$					\$					\$					\$					\$					\$					\$					\$	<b>Subtotal</b>				\$	Ship/Handle				\$	WA State Tax				\$	<b>Total</b>				\$
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<b>Justify the project-related purpose of this expenditure</b>																																																																				
<b>Shipping Information</b>		<b>Billing Information</b>																																																																		
Attention _____		SIBCR																																																																		
Building/Room # _____		1325 Fourth Avenue, Suite 1310																																																																		
Address _____ 1660 S. Columbian Way		Seattle, WA 98101 206.204.6193 (v)																																																																		
City, State Zip _____ Seattle WA 98108		206.204.6190 (f) <a href="mailto:invoices@sibcr.org">invoices@sibcr.org</a>																																																																		
Phone/Ext _____																																																																				

SIBCR is an equal opportunity employer and federal contractor. Consequently, the parties agree that, as applicable, they will abide by the requirements 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a) and that these laws are incorporated herein by reference. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities. These regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment and otherwise treat qualified individuals without discrimination based on their status as protected veteran or individual with a disability. The parties also agree that, as applicable, they will abide by the requirements of Executive Order 13496 (29 CFR Part 471, Appendix A to Subpart A), relating to the notice of employee rights under federal labor laws.

SIBCR's PO complies with applicable Uniform Guidance, 2 CFR Part 200, and Federal Acquisition Regulation (FAR) terms.

PI's (and their authorized staff) will continue to place orders directly with the vendor.

All orders for supplies (e.g. office, lab, animal, clinical, etc.), services, and equipment will need a PO completed and emailed to SIBCR at [accounting@sibcr.org](mailto:accounting@sibcr.org) at the time the order is placed with the vendor.

In addition to this PO, a Vendor Justification form is required for federal purchases equal or greater than \$25,000 per PO. It can be downloaded at <https://sibcr.org/acct-forms.html>.

Contact Accounting before proceeding for items above \$250,000.

Obtain a blank PO and Vendor Justification Form if applicable, from [www.sibcr.org](http://www.sibcr.org) (<https://sibcr.org/accounting-forms/>). The PO form is available in fillable Excel and PDF file formats. The Vendor Justification Form is available in fillable PDF format.

### **PO Instructions**

Complete the Vendor Information and Budget Information sections. Make sure you enter the SIBCR Account # as well as the RDIS project number. If you are allocating a purchase between two or more accounts, indicate multiple SIBCR Account #s and the percentage per account.

The SIBCR PO number is the SIBCR account number and a unique identifier, i.e. HJ11-1

An authorized signer on the SIBCR account must sign the PO. The signed PO serves as authorization for payment by SIBCR 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.

#### 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 either [accounting@sibcr.org](mailto:accounting@sibcr.org) or [invoices@sibcr.org](mailto:invoices@sibcr.org).

### **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 SIBCR immediately.

***The packing slip must be endorsed (dated and signed/initialed) and sent to the SIBCR administration offices.*** If there are discrepancies or damaged items, please note them on the packing slip. This process will serve as documentation to verify discrepancies between items ordered and items shipped. SIBCR cannot pay invoices without this reconciliation.