PURCHASE ORDER

ALBANY RESEARCH INSTITUTE, INC. 113 HOLLAND AVE.

ALBANY, NEW YORK 12208-3473

Phone (518) 626-5627 / 5621

Fax (518) 626-5628 P.O. DATE:

P.O. NUMBER: ARI

Please include this P.O. Number on all invoices, correspondence, and packages.

SHIP TO:

Albany Research Institute, Inc Attn.: Dave A618 113 Holland Ave Albany, NY 12208-3473

VENDOR						

INVESTIGATOR:				Approved by:		Date	_ Date ACCOUNT #:			
ORDER DATE SHIP VIA F.O			F.O.B.	. TERMS		DATE REQUIRED-				
Item#		Description		Qty	Unit	Ordered Price	Actual Cost	Invoice Amount	Rec'd	
			-							
					-	-	-			
Special Information:						SUBTOTA				
						SHIPPING DRY IC			4	
						TOTAL			-	
Vendor co	ontact:			Phon	e #:	TOTAL	-1		_	
Invoice #: Invoice		Invoice				Rec'd Date:				
ARI Check #: Date		Date Pa	Paid:			Amt. Paid:				
ARI Check #: Date I			Date Pa	Paid:			Amt. Paid:			
Note: Ma Albany R 113 Holla	esearch In	stitute, Inc.		A	RI Princip	al Investig	ator or Adm	ninistrator Ap	proval	
Albany, NY 12208-3473				SIGNATURE				DATE		

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