The CM/DB shall complete this form and attached the required documentation

|  |  |  |  |
| --- | --- | --- | --- |
| **UF Project #** | UF- ### | **UF Project Name** | enter project name |
| **UF Building Number** | ### |

|  |  |
| --- | --- |
| **Vendor Name** | enter name of company goods/materials are being purchased from |
| **Vendor Address** | enter address of company goods/materials are being purchased from |
| **Vendor Phone #** | (xxx) xxx-xxxx | **Vendor Fax #** | (xxx) xxx-xxxx |

|  |  |
| --- | --- |
| **Subcontractor Name** | enter name of subcontractor installing the goods/materials |
|  |
| **Deliver To:** |
| **Project Superintendent Name** | enter CM/DB superintendent's name |
| **Project Superintendent Phone** | enter CM/DB superintendent's phone number(s) |
| **Jobsite Address** | enter physical address of project jobsite |
| enter physical address of project jobsite |

|  |
| --- |
| **Mail Invoices To:**UF Planning Design & Construction245 Gale Lemerand DriveGainesville, FL 32611-5050 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **No./Quantity** | **Price** | **Extended Price** |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
| enter description | enter quantity | enter price | enter extended price |
|  |  | **PO Total:** | enter total |

**Procurement Method: Owner Direct Purchase**

**Business Unit – Fund – Program # - Source of Funds**

|  |  |
| --- | --- |
| **Chartfield:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Initial** | **Date** |
| **PO Requested By:** (UF Project Manager) |  |  |