

Research
 Extension
 TVMDL

DEPT: _____

Order Date: _____

Account: _____

Vendor: _____

Support Acct: _____

PO: _____

Items Purchased

ITEM	QTY	UNIT	COST	EXT Cost	OBJ Code

Texas A&M AgriLife is tax exempt

I certify that these costs were incurred to conduct Research for the above project(s) and are properly chargeable to the project(s).

PI or delegate approval: _____
 (printed name)

Phone: _____

 (signature)