

Attachment A: Amount-Based Blanket PO Example

INSTITUTION NAME  
Institution Address

Purchase Order No. \_\_\_\_\_

VENDOR: [Name of Rockefeller Scientific Resource Center]  
The Rockefeller University  
1230 York Avenue  
New York, NY 10065-6399  
(212)327-8000

Order Date:

Bill to: [your institution's accounts payable address]

Ship to: [if applicable: your institution's receiving address]

Description	Extended Price
Specified Resource Center services/products [describe services, e.g., light microscopy instrument use and data acquisition] for [date range, e.g., current FY]. Total not to exceed [\$amount].	[\$amount]

Approved by: \_\_\_\_\_  
(Signature of authorized purchasing agent)