

Date: [Click to select date]
From: Ordering Officer [Name]
Re: NX Equipment Order Verification
 Project Manager/Contracting Officer's Representative
To: Program Manager, Clinical Program, Equipment Life Cycle Management
 Program Executive Office, Procurement & Logistics Office (10NA2)

1. Equipment Ordered: Contract Group: NX Equipment Contract Number: 36C10G19D0043- IFreezer Labs Vendor/Contractor: Aldevra LLC					
2. Strategic Equipment Planning Guide #:					
3. Enterprise Equipment Request #:					
4. Facility Name/VISN:					
5. Order # Log:					
6. IFCAP Purchase Order:					
7. Delivery Address:					
8. POC (phone/email) for receiving shipment:					
9. Requested Equipment:					
CLIN	DESCRIPTION	UNIT ISSUE	QUANTITY	UNIT PRICE	TOTAL COST
TOTAL ORDER COST					

- 10. Special Instructions:**
- 11. Submit the completed form via email to James Burdan (Project Manager/COR) at James.Burdan@va.gov with a cc to Jeffrey Young (Program Manager) at Jeffrey.young6@va.gov for verification prior to submission to vendor.**
- 12. Verified**

 Project Manager / COR Signature