

# SUBAWARD BRUINBUY PLUS REQUISITION SETUP

Revised April 18, 2024

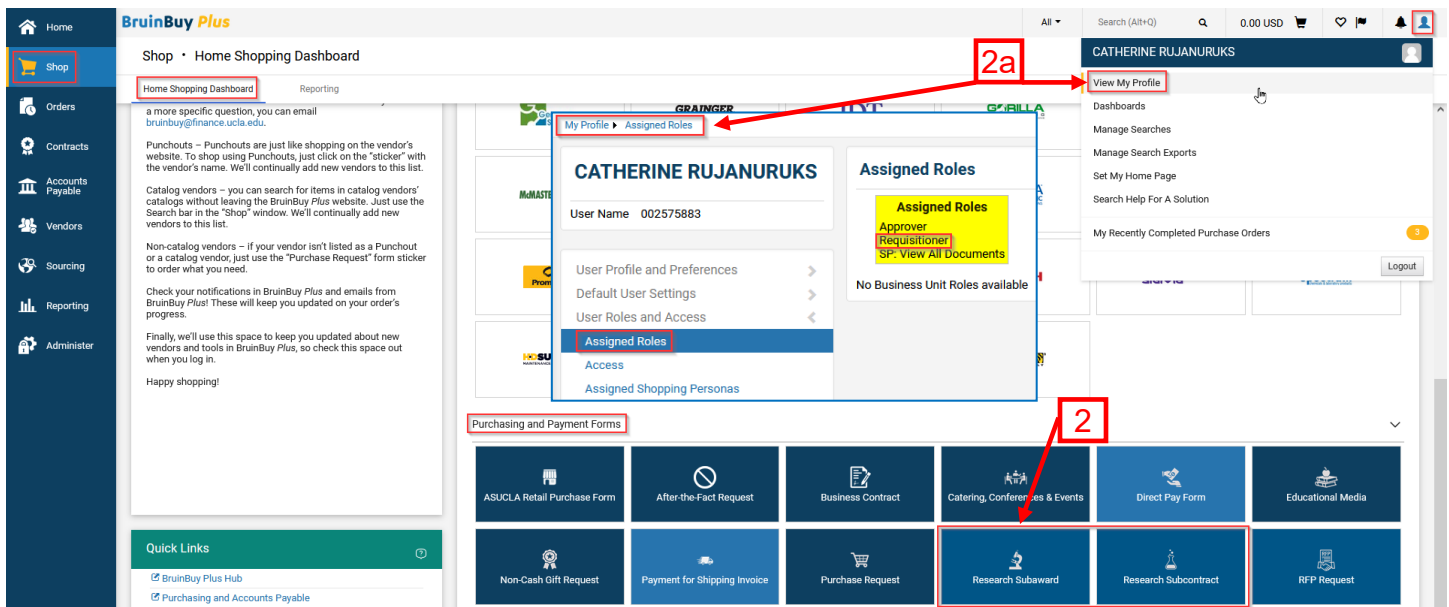
## BACKGROUND

This chapter assumes a basic understanding of how to use/navigate BruinBuy Plus (BB+). It is intended to *provide subaward specific instructions only*. For more detailed BruinBuy Plus training, go to [BruinBuy Plus Hub](#). See [Subaward/Subcontract Tips & Resources Guide](#) for more information.

Recommend having the completed [OCGA Subaward Checklist](#) and grant's [Award Snapshot](#) on hand to assist with BB+ Subaward set up.

## STEPS IN BRUINBUY PLUS

1. Log into [BruinBuy Plus](#)
2. Create a "Research Subaward" order in your Home Shopping Dashboard
  - a. If you do not see a Home Shopping Dashboard, view your profile to ensure you have Requisitioner access required to create/execute BB+ requisitions. If you do not, and should, a) take the [Campus Buyer training](#) and b) work with your Departmental Security Administrator (DSA), as needed
  - b. Complete each required tab of the Research Subaward Procurement Request Smart Form (instructions below)

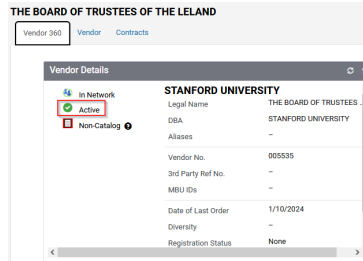


3. **Details:** Update Form Name to include Subaward Entity Name – PI: Sub PI's First Last Name

Research Subaward		Details	
Form Number	11471176	Form Name *	Stanford University Subaward - PI: Joseph Bruin ← 3
Purpose	Procurement Request	Purpose	Procurement Request
Status	Incomplete	Template Title	Research Subaward
Instructions		Form Type	Requires Receiving
<b>Details</b>		Currency	USD
Vendors	✓		
Form Fields	▲		
UCLA Department Inform...	✓		
Line Items	▲		
Review and Submit			

← Previous
Save Progress
Next >

4. **Vendors:** Search Registered Vendors by Subrecipient's Legal Name & **select "preferred" vendor**, if available. Address should match the subawardee's **remittance** address.
  - a. Obtain remittance address directly from Subawardee's Administrative contact. Choose the BB+ Vendor address that most closely matches #9 on the [OCGA/Purchasing Subaward Checklist](#).



- b. Confirm the Vendor chosen is "Active"
  - c. If the Vendor does not exist as a Registered Vendor, click "Request Vendor Onboarding". See FAQs under "Vendor Management" in the [BB+ Hub](#).

**Stanford University Suba...**

Form Number: 11471176  
Purpose: Procurement Request  
Status: Incomplete

Instructions

Details: ✔

**Vendors**: ✔

Form Fields: ▲

UCLA Department Inform...: ✔

Line Items: ▲

Review and Submit

Request Actions ▾ | History | ?

**Vendors**

Vendor: **THE BOARD OF TRUSTEES OF THE LELAND**  
THE BOARD OF TRUSTEES OF THE LELAND: STANFORD JUNIOR UNIVERSITY, 416 ESCONDIDO MALLBLDG 550 RM 114, STANFORD, California 943052203 United States

4c → Request Vendor Onboarding

**Search Registered Vendors**

Vendor: stanford ← 4

Zip Code:  Within  Miles

Clear Search

Vendor Name	Doing Business As	Fulfillment Centers	Action
THE BOARD OF TRUSTEES OF THE LELAND	STANFORD UNIVERSITY	AF-18 299 Campus Dr, Stanford, California 94305-5171 United States	<input type="button" value="Select"/>
		<b>THE BOARD OF TRUSTEES OF THE LELAND (preferred)</b> STANFORD JUNIOR UNIVERSITY, 416 ESCONDIDO MALLBLDG 550 RM 114, STANFORD, California 943052203 United States	<span style="color: green;">✔</span> Selected

**UCLA Research Administration**  
Contract & Grant Administration

**UCLA OCGA SUBAWARD CHECKLIST**

ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED BACKUP DOCUMENTATION NOTED BELOW TO: [OCGAsubawards@research.ucla.edu](mailto:OCGAsubawards@research.ucla.edu)  
Please include the Requisition (New Subaward) or PO (Amendment) number in the e-mail submission subject line.

This form is to be used to request the issuance of any new or amended Subaward from the OCGA Outgoing Subaward Team (OCGA - OST). The OST is responsible for outgoing Subaward agreements under Grants or Cooperative Agreements that are handled by OCGA. To request the issuance of a new or amended Subcontract from UCLA Purchasing, please use the Subcontract Checklist found at: [https://www.purchasing.ucla.edu/purchasing/Purchasing\\_forms](https://www.purchasing.ucla.edu/purchasing/Purchasing_forms).

**NEW SUBAWARD**  
Under Requisition # \_\_\_\_\_  
(Complete all sections below except IV.)

**AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD**  
Under Purchase Order # \_\_\_\_\_ Amendment # \_\_\_\_\_  
(Complete all sections below.)

**I. UCLA INFORMATION**

1. UCLA Account & Fund No.: \_\_\_\_\_ 1a. Recharge ID (for mailing purposes only): \_\_\_\_\_
2. UCLA Grant/Cooperative Agreement Award Number and Date: \_\_\_\_\_  
(Full award number & date of award that this action is funded under.)
3. UCLA PI: \_\_\_\_\_ UCLA PI Email: \_\_\_\_\_
4. UCLA Department: \_\_\_\_\_ UCLA Department Contact: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
5. UCLA Department Name and e-mail of person to whom **invoiced** should be sent:  
Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(If available, use central department e-mail for invoices.)

**II. SUBRECIPIENT INFORMATION**

6. Subrecipient Legal Name: \_\_\_\_\_
7. Subrecipient is a:  Non-profit Entity  For-Profit Entity
8. Subrecipient Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Central OCGA Email: \_\_\_\_\_
9. **Subrecipient Name & address of person to whom payment should be sent:**  
(Reminder: Requisition VCK No. should match the below payment address if the payment address is different from address in field 8 above)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
10. Subrecipient Administrative Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

5. **Form Fields: UCLA Department Information**
  - a. **Subaward Type:**
    - i. **New Subaward:** Only for brand new, Year 1 Subawards set up in BB+
    - ii. **Subaward Amendment:** For all other Subaward transactions
      1. Does your Amendment require funding?

- a. No: If **only administrative amendment**, such as update to assigned Fund Manager or change in PI.
  - b. Yes: If amendment requires **changes to funding \$**, choose "Yes".
- iii. **Will any of this work be performed in the USA?** Answer Yes/No

The image shows two side-by-side screenshots of a web form titled "Subaward Type".

The left screenshot shows the "New Subaward or Subaward Amendment?" dropdown menu with "New Subaward" selected. Below it is the question "Will any of this work be performed in the USA" with radio buttons for "Yes" and "No".

The right screenshot shows the "Subaward Amendment" selected in the dropdown menu. Below it is the question "Does your Amendment require funding?" with radio buttons for "Yes" and "No", where "No" is selected. Below that is the same "Will any of this work be performed in the USA" question with "Yes" and "No" radio buttons.

**\*\*\*\*\* Make sure to reference Legacy BB Subaward PO # for all migrated legacy POs so new BB+ requisition can be linked to legacy BB PO. Add legacy PO to multiple locations in BB+. See below for details. \*\*\*\*\***

b. **Subaward Questions:**

- i. **Project Period Begin Date:** Enter subaward **project** begin date. For the entire project period – beginning of whole subaward's participation.
  - ii. **Project Period End Date:** Enter subaward **project** end date. For the entire project period – end of whole subaward's participation.
  - iii. **Period of Performance Begin Date: Budget** period start date (for this current year increment)
  - iv. **Period of Performance End Date: Budget** period end date (for this current year increment)
  - v. **FAU Number: Not required**, but can add FAU, if desired. Actual funding chart string will be added later in the subaward set up process.
- c. **Principal Investigator (PI):** Only full Name and Email is required. Responsible for subaward invoice approval, as PI.
- d. **Fund Manager:** Enter full name and email address of individual responsible for approving subaward invoices.

6. **Form Fields: Line Items**

- a. Number of lines needed is important if Indirect Costs/[F&A is Modified Total Direct Cost \(MTDC\)](#). Minimal of 1 line required if this is a new or funding amendment.
  - i. If **1<sup>st</sup> year** total cost budget for subaward is **\$25,000 or less**, **only 1 line** is required.
    1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
  - ii. If **1<sup>st</sup> year** total cost budget for subaward **greater than \$25,000**, **set up 2 lines**.
    1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
    2. Line 2: Use information in 6.b.ii.
  - iii. If **funding amendment**, and previous subaward accumulated balance already **exceeded \$25,000**, **only 1 line is required**.

1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
2. **Include legacy BruinBuy PO #, if applicable, as the first piece of information in Line 1 Project Description.**

ADMINISTRATIVE USE ONLY				
Object Code	Applicable Subs 03 04 05 07 08 09 9H	Restrictions	Object Code Title	Description
7300	X - X X X - -	ALLOWABLE	SUBCONTRACTS > \$25K, EXCL FROM OH	
7310	X - X X X - -	ALLOWABLE	SUBCONTRACTS < \$25K	

b. Line Details:

i. Line 1

1. **Project Description**

Legacy BruinBuy PO # \_\_\_\_\_ (include only if applicable)

Subaward for the Project Titled: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Budget Period: \_\_\_\_\_

Funding for Stated Period: \$ \_\_\_\_\_

Key Personnel:

UCLA PI: \_\_\_\_\_

Subrecipient PI: \_\_\_\_\_

Sponsor Award #: \_\_\_\_\_

2. **Unit Price:** If subaward is over \$25K, enter exactly \$25,000.00. If less than \$25K, enter full the subaward total.

3. **Quantity:** 1

4. **Unit of Measure:** EA – EACH

5. **Service Start Date:** *Recommend leaving blank since not required.* But if you want to list the date, the Start date must be a future date.

6. **Service End Date:** *Recommend leaving blank since not required.*

7. **Taxable:** No

8. **Catalogue No:** Leave blank

ii. Line 2: Only necessary if F&A is MTDC & 1<sup>st</sup> year total cost budget for subaward greater than \$25,000. If not MTDC, enter entire subaward amount to Line 1.

1. **Project Description**

Balance of funding specified above.

2. **Unit Price:** Difference between subaward total cost minus \$25,000 listed in Line 1 Unit Price

3. All other fields remain the same as 6.b. above.

Subaward Amendment Pricing

Number of Lines Needed \*

2

Line 1

Product Description \*

Legacy BruinBuy PO # 1553GZB123  
 Subaward for the Project Titled: Multi-Dimensional Outcome Prediction Algorithm for Hospitalized COVID-19 Patients  
 Sponsor: NIH/NIAID  
 Budget Period: 07/01/2023 - 06/30/2024  
 Funding for Stated Period: \$100,000.00  
 Key Personnel:  
 UCLA PI: Joseph Bruin  
 Subrecipient PI: Winnie Pooh  
 Sponsor Award #: 5R01AI123456-03

655 characters remaining

Unit Price ★ 25,000 USD Quantity ★ 1 Total 0.00 USD

Unit of Measure ★ EA - EACH

Service Start Date 07/01/2023  
mm/dd/yyyy

Service End Date 06/30/2024  
mm/dd/yyyy

*Recommend leaving dates blank since not required. Otherwise Service Start Date must be a future date.*

Taxable  Yes  No

Catalog No.

Line 2

Product Description \*

Balance of funding specified above.

965 characters remaining

Unit Price ★ 75,000 USD Quantity ★ 1 Total 0.00 USD

Unit of Measure ★ EA - EACH

Service Start Date 07/01/2023  
mm/dd/yyyy

Service End Date 06/30/2024  
mm/dd/yyyy

*Recommend leaving dates blank since not required. Otherwise Service Start Date must be a future date.*

Taxable No

Catalog No.

7. Subaward Amendment:

- a. **Amendment #:** Enter amendment #. Increase by 1 for each amendment.
- b. **New End Date:** If this is a continuation, enter new end date.

- c. **Will the UCLA Principal Investigator change?** Answer Yes/No. If yes, add
  - i. PI's Name
  - ii. PI's Email
- d. **Will the Subrecipient PI change?** Answer Yes/No. If yes, add
  - i. Subrecipient PI's Name
  - ii. Subrecipient PI's Email
- e. **Will the Fund Manager change?** Answer Yes/No
  - i. Fund Manager's Name
  - ii. Fund Manager's Email
- f. **Are updates to FAU required?** Answer Yes/No. If yes, update the FAU in the Accounting Codes section of the requisition.

8. **Review and Submit:** After review of requisition and all required fields are complete, click "Add and go to Cart" to complete subward requisition

- 9. Go to Shopping Cart by clicking on the cart icon in the upper right to complete transaction
  - a. **Cart Name:** Add Dept specific order identifiers. Suggested format: Cost Center/Fund #/Subaward Entity (Legacy BruinBuy PO #, if applicable)
  - b. **Description:** Add Legacy BruinBuy PO #, if applicable. If not, can leave blank.
  - c. **Internal Note:** Add Legacy BruinBuy PO #, if applicable.
  - d. Click "Proceed to Checkout"

10. In the Requisition Page, complete the following by clicking on the pencil icon  to edit:

a. **General**

- i. **Requires Receiving:** Choose “Yes”
- ii. **Receiving Type:** Choose “Receiving required before payment (will never release for payment if not received)”
- iii. **Declining Balance PO:** Choose “Yes”
- iv. If your subaward requires any specific criteria, i.e. wire transfer, make sure to choose appropriate value here

b. **Shipping:**


- i. Complete profile as necessary
- ii. **Tax Code:** Choose “E” for Exempt

c. **Accounting Codes:** Complete fully.

- i. When typing in segments of FAU, make sure to click on the selection (rather than just typing in fields) to ensure response is captured in BB+.
- ii. **Project Code:** Recommend **using first 6 characters to differentiate subaward entity**. Especially useful when there are multiple subawards on the same fund.
- iii. **Object Code:**
  - 1. **7310:** Choose for lines ≤ \$25K on MTDC funds
  - 2. **7300:** Choose for lines > \$25K on MTDC funds
  - 3. If both object codes/split F&A rates/2 lines are required, click on plus sign + to add additional FAU to split between 7310/7300
- iv. **Source Code:** Use **Sub 07** for all subaward FAUs
- v. Once full FAU is complete, validate FAU by clicking on check mark ✓
- vi. Save

**Edit Accounting Codes**

Accounting Codes

Project	Object *	Sub * 	Source	Reference	Account Effective Date	% of Price
GLAVRE	7310	07				Enter %
GLAVRE	7300	07				Enter %

7300 - SUBCONTRACTS > \$

10ci

10ciii3

10cv

Split Total 0% (0.00 USD)  
Percentage is not equal to 100%

Save Close

### 11. Internal Notes & Attachments – Add any notes and attachments you would like to share with Campus Purchasing

- a. Required Attachments:
  - i. Current [Award Snapshot](#) – should reflect subaward entity in Section IV
  - ii. Completed [Subaward Checklist](#)
- b. Other possible attachment: OCGA’s fully executed (FE) subaward agreement. No need to upload all other attachments requested in the subaward checklist. Those attachment only need to be email to OCGA for subaward agreement execution.

Section IV: Subawards Approved in the Award	
Subawardee	Budget Period
Baylor College of Medicine Bronx Veterans Medical Research Foundation, Inc. Foundation for Atlanta Veterans Education and Research, Inc. Greater Los Angeles Veterans Research And Education Foundation Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center Olive View-UCLA Education and Research Institute	7/8/2021 - 6/30/2022
Baylor College of Medicine Bronx Veterans Medical Research Foundation, Inc. Foundation for Atlanta Veterans Education and Research, Inc. Greater Los Angeles Veterans Research And Education Foundation Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center Olive View-UCLA Education and Research Institute	7/1/2022 - 6/30/2023
Baylor College of Medicine Bronx Veterans Medical Research Foundation, Inc. Foundation for Atlanta Veterans Education and Research, Inc. Greater Los Angeles Veterans Research And Education Foundation Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center Olive View-UCLA Education and Research Institute	7/1/2023 - 6/30/2024

#### Internal Notes and Attachments

**Internal Note** See attached OCGA fully executed this sub Y3 amendment agreement completed prior to transition to BB+. OCGA just needs to provide sub with new BB+ PO#. [Show less](#)

Internal Attachments	Date	Add
<a href="#">UCLA-OCGA-subaward-checklist_GLA VR_Signed.pdf</a>	4/18/2024	...
<a href="#">20214238 01-02 GLAVREF 1553 G ZB 189_FE.pdf</a>	4/18/2024	...
<a href="#">31791_AwardSnapshotY3.pdf</a>	4/18/2024	...

Has Comment *no value*

#### External Notes and Attachments

Note to all Vendors *no value*

PO Clauses *no clause*

Attachments for all vendors [Add](#)

### 12. Once everything is complete, “Validate FAU” in the upper right-hand corner.

- a. Correct any errors, if applicable
- b. Place Order

Requisition • 184187534 Validate FAU Assign Cart Place Order

---

Summary Taxes/S&H PO Preview Comments 1 Attachments 3 History

---

General Shipping Contacts & Additional Approvals Summary →



✔ Cart Assigned

Requisition Summary	Options
Requisition number    184187534	<a href="#">Create new draft cart</a>
Cart name                D7/31791/GLAVREF Sub (1553GZB189)	<a href="#">Recent orders</a>
Requisition total        58,430.00 USD	<a href="#">Return to your home page</a>
Number of line items    1	

13. Immediately email Subaward Checklist and all applicable attachment to OCGA @ [ocgasubawards@research.ucla.edu](mailto:ocgasubawards@research.ucla.edu) referencing the BruinBuy+ Requisition # in the PO # field.

UCLA

**Research Administration**  
Contract & Grant Administration

### UCLA OCGA SUBAWARD CHECKLIST

*ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED BACKUP DOCUMENTATION NOTED BELOW TO: [OCGAsubawards@research.ucla.edu](mailto:OCGAsubawards@research.ucla.edu)*  
Please include the Requisition (New Subaward) or PO (Amendment) number in the e-mail submission subject line.

*This form is to be used to request the issuance of any new or amended subaward from the OCGA Outgoing Subawards Team (OCGA - OST). The OST is responsible for outgoing subaward agreements under grants or cooperative agreements that are handled by OCGA. To request the issuance of a new or amended subcontract from UCLA Purchasing, please use the Subcontract Checklist found at: <https://www.purchasing.ucla.edu/purchasing/Purchasing-forms>.*

<input type="checkbox"/> <b>NEW SUBAWARD</b> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;">Under Requisition # _____</div> <p style="font-size: 10px; margin: 0;"><i>(Complete all sections below except IV.)</i></p>	<input type="checkbox"/> <b>AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD</b> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;">Under Purchase Order # _____ Amendment # _____</div> <p style="font-size: 10px; margin: 0;"><i>(Complete all sections below.)</i></p>
---	---

- 14. Print out a copy of the BB+ Requisition for the Subaward files. See next page for sample.
- 15. Follow-up with OCGAs Outgoing Subaward Team (OST) as necessary until subaward is fully executed.

## Summary - Draft Requisition 184187534


General		Shipping		Contacts & Additional Approvals		
Cart Name	D7/31791/GLAVREF Sub (1553GZB189)	<b>Ship To</b>		<b>Buyer Contact Information</b>		
Accounting Date	3/15/2024	Attn:		Buyer Name	Buyer Email	Buyer Position
Description	1553GZB189	CATHERINE		Anthony Rice	arice@finance.ucla.edu	Contract Buyer
Prepared by	INJEEL HARRIS	RUJANURUKS/ K. KWAN		Anthony Rice	arice@finance.ucla.edu	Contract Buyer
Prepared for	CATHERINE RUJANURUKS	DOM ORA (Suite 1820)				
Department	MEDICINE-DEPT ADMINISTRATION (1565)	1100 Glendon Ave Suite 710 Los Angeles, CA 90024 United States		<b>Additional Approvals</b>		
Requires Receiving	Yes Yes	<b>Delivery Options</b>		CISO	<i>no value</i>	
Receiving Type	Receiving required before payment (will never release for payment if not received)	Expedite <span style="color:red">✘</span>		Export Control	<i>no value</i>	
Declining Balance PO	Yes Yes	Ship Via	Best Carrier-Best Way	IRM	<i>no value</i>	
Override Distribution	<i>no value</i>	Requested Delivery Date		Legal	<i>no value</i>	
Override Distribution	<i>no value</i>	<b>Bill-To</b>		OCGA	<i>no value</i>	
Email Address		Attn: Accounts Payable		Privacy	<i>no value</i>	
Manual Check?	<i>no value</i>	10920 Wilshire Blvd		Tax Services	<i>no value</i>	
Wire Transfer?	<i>no value</i>	Los Angeles, CA 90024 United States		TDG	<i>no value</i>	
<b>GASB Reporting</b>		<b>Tax Codes</b>				
Leases / Rentals	<span style="color:red">✘</span>	Tax Rate Code	<i>no value</i>			
		Tax Code	E EXEMPT (non- taxable)			
				OASISLoginID	BICYR	

Accounting Codes										
Location	Department	Account	CC	Fund	Project	Object	Sub	Source	Reference	Account Effective Date
0004	1553	441357	D7	31791	GLAVRE	7300	07	<i>no</i>	<i>no value</i>	<i>no value</i>

UCLA	MEDICINE-CARDIOLOGY	MED-CARDIOLOGY-FAC RES & SUP/BROWNELL	D7	NIH-NIAID R01AI159946 DENG 06/26 56%	SUBCONTRACTS > \$25K, EXCL FROM OH / IMPROVEMENTS	SPECIAL ITEMS	<i>value</i>
------	---------------------	---------------------------------------	----	---	---	---------------	--------------

Internal Notes and Attachments		External Notes and Attachments	
Internal Note	See attached OCGA fully executed this sub Y3 amendment agreement completed prior to transition to BB+. OCGA just needs to provide sub with new BB+ PO#.	Note to all Vendors	<i>no note</i>
Internal Attachments	<p><a href="#">31791_AwardSnapsh...</a></p> <p><a href="#">20214238 01-02 GL...</a></p> <p><a href="#">UCLA-OCGA-subawar...</a></p>	PO Clauses	<i>no clause</i>
Has Comment	<i>no value</i>	Attachments for all vendors	

**Vendor / Line Item Details**

<b>GREATER LOS ANGELES VETERANS RESEARCH</b>  GREATER LOS ANGELES VETERANS RESEARCH AND EDUCATION FOUNDATION, PO BOX 25027, LOS ANGELES, California 900250027 United States	Contract	<i>no value</i>
	PO Number	To Be Assigned
	Quote number	
	PO Clauses	<i>no clause</i>

Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price
---------------------	------------	------------------	------------	----------	------------

**GLAVREF - PI: David Beenhouwer** 

<b>1</b>	<b>Legacy BruinBuy PO # 1553GZB189</b>	<b>EA</b>	<b>58,430.00 USD</b>	<b>1</b>	<b>58,430.00</b>
<p><b>Subaward for the Project Titled: Multi-Dimensional Outcome Prediction Algorithm for Hospitalized COVID-19 Patients Sponsor: NIH/NIAID Budget Period: 07/01/2023 - 06/30/2024 Funding for Stated Period: \$58,430.00 Key Personnel: UCLA PI: Mario Deng Subrecipient PI: David Beenhouwer Sponsor Award #: 5R01AI159946-03 Procurement Request: GLAVREF - PI: David Beenhouwer</b></p>					
	Taxable	<b>x</b>		Internal Note	Legacy BruinBuy PO # 1553GZB189
	Commodity Code	<i>no value</i>		Internal Attachments	

External Note *no note*  
 Attachments for vendor

Vendor subtotal	<b>58,430.00</b>
Tax1	0.00
Use Tax	0.00
Vendor total	<b>58,430.00 USD</b>

Shipping, Handling, and Tax charges are calculated and charged by each vendor. The values shown here are for estimation purposes, budget checking, and workflow approvals.

Subtotal	<b>58,430.00</b>
Tax1	0.00
Use Tax	0.00
Total	<b>58,430.00</b>