

## **Computer Acquisition Authorization Form**

Please complete all information above the line and send to spa@bvari.org for further action.

			Date Submitted:			
Principal Investigator In	formation					
Name:	Email:	Email:		Phone #:		
Account Number:		Project Sponsor Type:	Federal	Industry	Internal	
Project Title:						
Primary location of comp	outer:					
Reason for Purchase:						
•		re below that the compute or exchange VA sensitive in		nect to the VA	network	
Principal In	vestigator	 Date (if not	using digital	sig)		
VA ACOS R	&D Signature	 Date (if not	using digital	sig)		
BVARI Acki	nowledgment	 Date (if not	using digital	sig)		

Revised: September 2023