**PURCHASE ORDER FORM**

**(For municipalities & non-profit organizations use only)**

**Please print clearly.**

 Address: Billing Address:

 (If different)

 Contact Person: Telephone No:

 Signature: Date:

 **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chief Procurement Officer:

 Signature: Date:

 Federal ID Number (9 digits):

 State Agency
 Offering Surplus:

 Address:

 Contact Person: Telephone No:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Item Number** | **No. of Units** | **Purchase Price (per unit)** | **Total Price** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Attach additional pages if necessary.***

**This Form May be Mailed or Faxed to: Massachusetts State Surplus Property Office**

 **One Ashburton Place, Room 1017**

 **Boston, MA 02108**

 **Telephone: 617-720-3146**

 **Fax: 617-727-4527**

 **(SSPO USE ONLY)**

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