

PURCHASE ORDER

SAMPLE S6

PURCHASE ORDER NO.

VENDOR



SHIP AND BILL TO:

QUOTATION REFERENCE ORDER DATE ON QUESTIONS CONCERNING THIS ORDER CONTACT DELIVERY REQUIRED REQUISITION CONFIRMING ORDER TERMS F.O.B. DESTINATION OR

CONFIRMING ORDER	
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

INSTRUCTIONS TO VENDOR

1. INVOICES WILL BE IN TRIPPLICATE, ITEMIZED AND SHOWING DATES AND CHARACTER OF SERVICE RENDERED OR WORK PERFORMED, QUANTITIES, DESCRIPTION AND UNIT PRICE OF ARTICLES FURNISHED OR DELIVERED.
2. PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES OR OTHER CORRESPONDENCE REFERRING TO THIS ORDER.
3. NO C.O.D. OR FREIGHT COLLECT SHIPMENTS WILL BE ACCEPTED, EXCEPT AS MIGHT BE SPECIFIED ON THIS ORDER. ALL CHARGES MUST BE PREPAID AND A COPY OF FREIGHT BILL ATTACHED.
4. STATES TAX MUST BE SHOWN AS SEPARATE ITEM ON YOUR INVOICE. SOLANO COUNTY IS EXEMPT FROM FEDERAL EXCISE TAX UNDER REGISTRATION NO. 94 74 0031K DATED 1-4-74.
5. INVOICES SHOULD BE FILED WITH THE ABOVE COUNTY DEPT. IMMEDIATELY UPON COMPLETION OF WORK OR DELIVERY OF ITEMS ORDERED, IN ORDER THAT CLAIMS MAY BE AUDITED AND SUBMITTED TO THE AUDITOR-CONTROLLER.
6. DO NOT MAIL INVOICES TO THE COUNTY PURCHASING DEPARTMENT.
7. NO CLAIMS WILL BE AUDITED OR ALLOWED UNLESS OR UNTIL THE ABOVE REQUIREMENTS HAVE BEEN COMPLIED WITH.

COUNTY OF SOLANO PURCHASING SERVICES 675 TEXAS STREET, SUITE 2500 FAIRFIELD, CA 94533-6338 (707) 784-6320 FAX (707) 422-9770
COUNTY PURCHASING AGENT
BY

ACCOUNT	SUB-OBJECT	JOB	TASK	

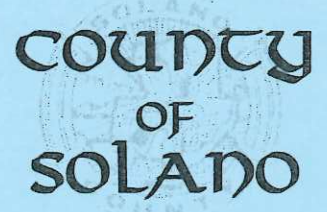
PURCHASE ORDER

PURCHASE ORDER _____

SAMPLE S6a

PURCHASE ORDER NO.

VENDOR _____



SHIP AND BILL TO: •

QUOTATION REFERENCE ORDER DATE ON QUESTIONS CONCERNING THIS ORDER CONTACT DELIVERY REQUIRED REQUISITION

CONFIRMING ORDER	
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

 TERMS F.O.B. DESTINATION OR

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

RECORD OF PARTIAL PAYMENTS

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
ACCOUNT		SUB-OBJECT		JOB		TASK	

COUNTY OF SOLANO
DEPARTMENTAL REQUISITION

SAMPLE S6c

DO NOT WRITE IN SHADED AREAS

REQ. NO. 93344		P.O. NO. _____	VENDOR I.D. NO. _____		
TERMS _____		QUOTATION REFERENCE _____	SHIP TO I.D. _____		
CONFIRMING ORDER YES ___ NO ___	F.O.B. _____	DATE REQUIRED / /	BUYER _____	APPROVED FOR PURCHASE _____	
DISCOUNT _____	SALES TAX YES ___ NO ___	ACCOUNT _____	SUB-OBJECT _____	JOB _____	TASK _____

SUGGESTED VENDOR NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TELEPHONE NO. _____ DATE OF REQUISITION / /	DELIVER TO: (SHIPPING ADDRESS) NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ REQUESTED BY _____ PRINT _____ PHONE _____ AUTHORIZED BY _____ SIGNATURE _____ PHONE _____
DATE REQUIRED / /	

QUAN.	UNIT COST	UNIT OF ISSUE	DESCRIPTION

IF YOU KNOW THE PREVIOUS PURCHASE ORDER NUMBER
ON THIS COMMODITY, PLEASE INDICATE.

SPECIAL NOTES OR COMMENTS:

COUNTY OF SOLANO
DEPARTMENTAL REQUISITION

DO NOT WRITE IN SHADED AREAS

REQ. NO. 93344
P.O. NO.
VENDOR I.D. NO.
TERMS
QUOTATION REFERENCE
SHIP TO I.D.
CONFIRMING ORDER YES NO
F.O.B.
DATE REQUIRED
BUYER
APPROVED FOR PURCHASE
DISCOUNT
SALES TAX YES NO
ACCOUNT
SUB-OBJECT
JOB
TASK

SUGGESTED VENDOR
NAME
ADDRESS
CITY/STATE/ZIP
TELEPHONE NO.
DATE OF REQUISITION
DATE REQUIRED
DELIVER TO: (SHIPPING ADDRESS)
NAME
ADDRESS
CITY/STATE/ZIP
REQUESTED BY
AUTHORIZED BY
PRINT
PHONE
SIGNATURE
PHONE

Table with columns: QUAN., UNIT COST, UNIT OF ISSUE, DESCRIPTION

IF YOU KNOW THE PREVIOUS PURCHASE ORDER NUMBER ON THIS COMMODITY, PLEASE INDICATE.

SPECIAL NOTES OR COMMENTS: