**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***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)**

APPROVED  NOT APPROVED

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