Massachusetts Sales Tax Exemption Certificate Number E 046 001 246

## **Purchase Order Town of Raynham**

Department: \_ Raynham, MA 02767 This order number must appear on all invoices, packing lists, and packages

Copy 1

Order Number \_\_\_\_\_ Do Not Enclose Invoices With Shipment. Invoice In Triplicate.

| VENDOR:                         |   |   |                                    |        |  |  |
|---------------------------------|---|---|------------------------------------|--------|--|--|
|                                 |   | Ship<br>Prepaid<br>To ====>   |                                    |        |  |  |
|                                 |   |   | Ship All Goods Prepaid             |        |  |  |
| Date of Order                   |   | Requisitioned By  | Account To Be Charged              |        |  |  |
| Otro                            | Linita  | Description of Coods  | Drice/Ulpit                        | Total  |  |  |
| Qty                             | Units   | Description of Goods  | Price/Unit                         | Total  |  |  |
|                                 |   |   |                                    | \$0.00 |  |  |
|                                 | INSTRUCTIONS TO VENDOR:                         |   | AUTHORIZED BY:                     |        |  |  |
| 1.                              | Issue bills for EAC                             | ssue bills for <u>EACH</u> Purchase Order separately. Do not bill two or more orders on same invoice. |                                    |        |  |  |
| 2.                              | Render Invoices in                              | <u>Triplicate</u> .   | (For) Department Head              |        |  |  |
| <ul><li>3.</li><li>4.</li></ul> | each item and code<br>Ship all goods <u>Pre</u> | paid.   | and                                |        |  |  |
| 5.                              |   | MUST appear on invoice.   |                                    |        |  |  |
|                                 |   | APPROVED FOR PAYMENT UNLESS TIONS ARE CARRIED OUT.  | Administration Office (If Applicab | le)    |  |  |

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Department: \_\_ Raynham, MA 02767 This order number must appear on all invoices, packing lists, and packages

Copy 2

Order Number \_\_\_\_\_\_ Do Not Enclose Invoices With Shipment. Invoice In Triplicate.

| <b>VENDOR</b>  |  |  |                           |                   |        |
|----------------|--|--|---------------------------|-------------------|--------|
|                |  | Ship<br>Prepaid<br>To ====>                              |                           |                   |        |
|                |  |  | Ship All                  | Goods Prepaid     |        |
| Date of Order  |  | Requisitioned By   | Account To Be Charged     |                   |        |
| Qty            | Units  | Description of Goods                                     |                           | Price/Unit        | Total  |
|                |  |  |                           |                   | \$0.00 |
|                | <ol> <li>INSTRUCTIONS TO VENDOR:</li> <li>Issue bills for EACH Purchase Order separately. Do not bill two or more orders on same invoice.</li> <li>Render Invoices in <u>Triplicate</u>.</li> <li>Invoice must show number of units and unit price for each item and code number.</li> <li>Ship all goods <u>Prepaid</u>.</li> <li><u>Our Order</u> number <u>MUST</u> appear on invoice.</li> </ol> |  | AUTH                      | ORIZED BY:        |        |
| 2.<br>3.<br>4. |  |  | (For) Department Head and |                   |        |
|                |  | BE APPROVED FOR PAYMENT UNLESS RUCTIONS ARE CARRIED OUT. | Administration            | Office (If Applic | able)  |

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## Purchase Order Town of Raynham

 This order number must appear on all invoices, packing lists, and packages

Order Number \_\_\_\_\_ Do Not Enclose Invoices With Shipment. Invoice In Triplicate.

| <b>VENDOR:</b> | •   |   |                        |                   |        |  |
|----------------|---|---|------------------------|-------------------|--------|--|
|                |   | Ship<br>Prepaid<br>To ====>   |                        |                   |        |  |
|                |   |   | Ship All Goods Prepaid |                   |        |  |
| Date of Order  |   | Requisitioned By  | Account To Be Charged  |                   |        |  |
| Qty            | Units   | Description of Goods  | ,                      | Price/Unit        | Total  |  |
|                |   |   |                        |                   | \$0.00 |  |
|                | INSTRUCTIONS TO VENDOR:   |   | AUTHORIZED BY:         |                   |        |  |
| 2.<br>3.<br>4. | not bill two or<br>Render Invoice<br>Invoice must se<br>each item and<br>Ship all goods | EACH Purchase Order separately. Do more orders on same invoice. es in <u>Triplicate</u> . show number of units and unit price for code number. Prepaid.  Prepaid.  The proper on invoice. | (For) De               |                   |        |  |
|                |   | BE APPROVED FOR PAYMENT UNLESS RUCTIONS ARE CARRIED OUT.  | Administration         | Office (If Applic | able)  |  |