

Copy 1

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

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

VENDOR:

--

Ship
Prepaid
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:

1. Issue bills for EACH Purchase Order separately. Do not bill two or more orders on same invoice.
 2. Render Invoices in Triplicate.
 3. Invoice must show number of units and unit price for each item and code number.
 4. Ship all goods Prepaid.
 5. Our Order number MUST appear on invoice.
- NO BILL WILL BE APPROVED FOR PAYMENT UNLESS THESE INSTRUCTIONS ARE CARRIED OUT.

AUTHORIZED BY:

(For) Department Head

and

Administration Office (If Applicable)

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Copy 2 - Department Copy

Copy 3 - Administration Office Copy

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