

AGENCY PURCHASE ORDER

Date	Purchase Order #
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Department or Institution	
WVFIMS Account #	Spending Unit Name & Address
Name & Address of Vendor ◆	
Invoice in Quintuplicate to:	
TEAM Vendor #	WVFIMS Vendor #

Item Number	Quantity	Description	Unit Price	Amount

		<i>Type of Purchase</i>		
<p>NOTE: This Purchase Order is Limited to \$25,000 in Any One 12 Month Period.</p>				

<p>VENDOR: This order is your authorization for shipment of the commodities listed herein pursuant to the terms bid.</p>	<p>TOTAL \$</p>
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GENERAL TERMS AND CONDITIONS: The General Terms and Conditions for Agency Delegated Master Terms and Conditions located on the Purchasing Division's website at <http://www.state.wv.us/admin/purchase/TCA.pdf>, ("Terms and Conditions") are hereby made a part of this agreement and are specifically incorporated herein by reference.

_____ Agency Signature

_____ Telephone Number