

# Purchase Order



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

PURCHASE ORDER NO.
TEMP11F

PAGE
1

BLANKET RELEASE
00

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS PURCHASE ORDER SHOULD BE DIRECTED TO THE BUYER AS NOTED BELOW.

CHANGE ORDER
2

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

**AGENCY COPY**

INVOICE TO

ALL STATE AGENCIES  
 AND POLITICAL SUBDIVISIONS  
 VARIOUS LOCALES AS INDICATED  
 BY ORDER

VENDOR

\*709040703                      304-485-4000  
 WINANS SANITARY SUPPLY CO INC  
 PO BOX E  
  
 PARKERSBURG WV 26102-2175

SHIP TO

ALL STATE AGENCIES  
 AND POLITICAL SUBDIVISIONS  
 VARIOUS LOCALES AS INDICATED  
 BY ORDER

DATE PRINTED		TERMS OF SALE		FEIN/SSN		FUND	
03/19/2012		NET 30		550451730			
SHIP VIA		F.O.B.		FREIGHT TERMS		ACCOUNT NUMBER	
BEST WAY		DESTINATION		PREPAID		MUL-MUL	
LINE	QUANTITY	UOP	VENDOR ITEM NO.		UNIT PRICE	AMOUNT	
	DELIVERY DATE	CAT. NO.	ITEM NUMBER				
			CHANGE ORDER #02				
	TO RENEW THE ORIGINAL CONTRACT ACCORDING TO ALL TERMS, CONDITIONS, PRICES AND SPECIFICATIONS CONTAINED IN THE ORIGINAL CONTRACT INCLUDING ALL AUTHORIZED CHANGE ORDERS.						
	EFFECTIVE DATE OF RENEWAL: 05/01/2012 THROUGH 04/30/2013						
	RENEWALS REMAINING: 1						
	NO OTHER CHANGES.						
			PREVIOUS PO TOTAL==>		OPEN	END	
			PO NET CHANGE (+)==>				
IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE <input type="checkbox"/>						OPEN END	
						TOTAL	

**PURCHASING DIVISION  
 CERTIFIED ENCUMBERED**  
 MAR 22 2012  
*Jane Bunde*

**APPROVED FOR  
 ONE FISCAL YEAR**  
*Dawn Wayfield*

BY *Shelley L Murray*  
 BUYER 558-8802  
 3/19/12

PURCHASING DIVISION AUTHORIZED SIGNATURE

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LINE	QUANTITY	UOP	VENDOR ITEM NO.		UNIT PRICE	AMOUNT	
	DELIVERY DATE	CAT.NO.	ITEM NUMBER				
RECEIPT TICKET FOR PURCHASE ORDER: TEMP11F							
LINE	CATNO	ITEM NUMBER	DESCRIPTION			QTY	DATE
0001	946-10	01-001	TEMPORARY EMPLOYEE SERVICES				
SIGNATURE _____						DATE _____	
							TOTAL

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

BY \_\_\_\_\_  
 PURCHASING DIVISION AUTHORIZED SIGNATURE

APPROVED AS TO FORM BY  
 ASSISTANT ATTORNEY GENERAL