## **TOWN OF FREETOWN**

Assonet, MA 02702

**PURCHASE ORDER** 

Copy 1

## **Order Number:**

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

					Mass. Sales Tax Exemption	
		Department: _			# E04-600-1153	
VENDOR:	•			SHIP TO:		
						_
Date of Order		Requisitioned By	Terms	Ship Via	Account to be Charged	
Otv	Qty Units Des		cription of Goods/Services		Price/Unit	Total
α.,	Ly State Secondary of Cooley Controls			1000	1 1100/ 01111	10.0.
INSTRUCTIONS TO VENDOR				AUTHORIZED DV.		
INSTRUCTIONS TO VENDO				AUTHORIZED BY:		
<ol> <li>Issue bills for <u>EACH</u> Purchase Order separa not bill two or more orders on same invoice.</li> </ol>			iy. DU			
	HOLDIN TWO OF	more orders on same invoice.		Denai	rtment Head	
2. Our Order number MUST appear on invoice.				20041		
				and		
	NO BILL WILI	L BE APPROVED FOR PAYMEN	IT UNLESS			
	THESE INSTRUCTIONS ARE CARRIED OUT.					

Administration Office (If Applicable)