

# PURCHASE ORDER FORM

(For municipalities & non-profit organizations use only)

Please print clearly.

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
(If different)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email Address:**  
\_\_\_\_\_

Chief Procurement Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Federal ID Number (9 digits):

State Agency  
Offering Surplus: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Description	Item Number	No. of Units	Purchase Price (per unit)	Total Price

*Attach additional pages if necessary.*

This Form May be Mailed or Faxed to:

Massachusetts State Surplus Property Office  
One Ashburton Place, Room 1017  
Boston, MA 02108  
Telephone: 617-720-3146  
Fax: 617-727-4527

**(SSPO USE ONLY)**

APPROVED

NOT APPROVED

