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|  | STATE OF MONTANAPURCHASE ORDER |
| Date: (Insert Date) | P.O. Number: (Insert Number) |
| P.O. Title: (Insert Title) |
| Requisition Number:       | IFB/RFP Number: (Insert Number) |
| BILL TO/SHIP TO INFORMATION |
| Bill To:(Insert Name and Address) | Ship To:(Insert Name and Address) |
| Agency Contact:All questions regarding this purchase, including billing questions, should be directed to: (Insert Name) at (406) (Insert Number). | Delivery:(Insert Delivery Information) |
| VENDOR INFORMATION |
| Vendor:(Insert Name and Address) | Vendor Phone: (Insert Number) |
| Vendor Email: (Insert Email Address) |
| Vendor Contact: (Insert Name) | Federal ID No.: (Insert Number) Do not use Social Security number |
| P.O. Total: (Insert Dollar Amount) | P.O. Terms: Net 30 Days |
| Vendor Signature: (Insert Name) |
|   |
| (Insert Name), Procurement Officer | Date: (Insert Date) |
| Chief Information Officer Approval: Include this in IT-related POs for Executive Branch agencies. |
| The Contractor is notified that pursuant to section 2-17-514, MCA, the Department of Administration retains the right to cancel or modify any contract, project, or activity that is not in compliance with the Agency’s Plan for Information Technology, the State Strategic Plan for Information Technology, or any statewide IT policy or standard. |
| (Insert Name), Chief Information Officer, Department of Administration | Date: (Insert Date) |