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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) |