|  |  |  |  |
| --- | --- | --- | --- |
|  | STATE OF MONTANA PURCHASE 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) |