



GLENN A. CUNHA
INSPECTOR GENERAL

The Commonwealth of Massachusetts

Office of the Inspector General

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Dear Local Official:

I am pleased to provide a model Purchase Order Form (October 2012) that can be used as a contract for purchases by Commonwealth of Massachusetts cities, towns, districts, counties, and authorities (cities and towns) from vendors on Massachusetts Operational Services Division (OSD) statewide contracts and contracts issued by an executive department, pursuant to 801 CMR 21.00 that is open for use by other entities (department contracts). The Purchase Order Form is attached to this letter.

I hope that you find the Purchase Order Form useful. We are interested to hear any comments that you have on the Purchase Order Form. Please direct your comments to the Chapter 30B telephone line at 617-722-8838.

Sincerely,

A handwritten signature in blue ink that reads "Glenn A. Cunha".

Glenn A. Cunha
Inspector General

COMMONWEALTH OF MASSACHUSETTS
CITY, TOWN, DISTRICT, COUNTY AND AUTHORITY PURCHASE ORDER
 FOR COMMODITIES AND/OR SERVICES

* COMMODITY/EQUIPMENT SERVICE

THIS PURCHASE ORDER CONFIRMS AN ORDER THAT WAS PREVIOUSLY PLACED. PLEASE DO NOT DUPLICATE.

*Purchase Order Issue Date:	*Purchase Order Number:	
	Contract Number:	
Requested Delivery Date:	Call to Schedule Delivery Appointment: <input type="checkbox"/> yes (tel. _____) <input type="checkbox"/> no	Freight Terms: <input type="checkbox"/> Freight on Board - Destination <input type="checkbox"/> Other (Specify) _____

Vendor Information	
*Name: *Address: *City, State, Zip Code:	Contact Person: Telephone: Fax: Email: Quote Number (if applicable):

Awarding Authority Information	
*Ship to Awarding Authority Name: *Contact Person: *Address: *City, State, Zip Code: *Telephone: Email: Delivery Instructions:	*Bill to Awarding Authority Name: *Contact Person: *Address: *City, State, Zip Code: Telephone: Email: Prompt Payment Discount (Terms & %):

Instructions to the Vendor:

- The vendor's invoice must include the following minimum information: Purchase order number, quantity and description of item(s) shipped, unit of measure, unit price, total dollar amount of any discount, total price and the vendor's invoice number.
- The purchase order number must appear on the vendor's packing list.
- See attached specifications, if any, related to this purchase order. If this purchase order is for services, please see the section entitled Engagement of Services below. Additional specifications are not necessary if the details of the performance are covered in the contract.
- Vendor assumes risk of loss for commodities in transit. All commodities are subject to inspection upon delivery. Commodities delivered after the Requested Delivery Date above may be rejected. Rejected commodities will be returned at the vendor's expense.

*** Engagement of Services:** Provide a brief description of the services (attach detailed specifications, if appropriate), including the Statement of Work (SOW), start and end dates of service, deliverables, number of hours, hourly rates and total costs associated with this engagement. The vendor must sign this form for the engagement of services.

Dates of Services: _____ - _____ Hourly Rate: \$ _____ Number of Hours: _____ Total Cost: _____

Line #	Vendor Item Number	Item Description	Unit of Measure	Quantity	Unit Price	Subtotal (Quantity x Unit Price)	Discount	Total Price (Subtotal minus Discount)
1								
2								

Awarding Authority Approval: Signature: _____ *Printed Name: _____ *Date: _____ <input type="checkbox"/> Check box to indicate that additional legal terms of Awarding Authority are attached, and/or check off box(es) on page 2 of 2 of this form to incorporate requirements on that page. Where the legal terms of a Commonwealth Contract and any Awarding Authority conflict, the Commonwealth Contract's legal terms shall prevail.	Subtotal: _____ Shipping and Handling (if applicable): _____ **Total Order Amount: _____
* Vendor Signature (By signing this purchase order the vendor accepts the additional legal terms and requirements of the Awarding Authority, if any.) *Signature: _____ *Printed Name: _____ *Date: _____	

* Indicates required field. **Purchase Order is Tax Exempt.

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Awarding Authorities may incorporate the following requirements by checking the boxes below and filling in any information where indicated:

- 1. **Prevailing wage job identification number** _____. (Awarding Authority must request a wage schedule from the Division of Occupational Safety prior to selecting a Statewide or Department Contract.)
- 2. The contract term will be ____-, ____ through ____-, ____, with an option to renew for an additional year from ____-, ____ through ____-, ____. This option is exercisable solely at the Awarding Authority's discretion.
- 3. The contract term will be ____-, ____ through ____-, ____, with two options to renew for an additional year from ____-, ____ through ____-, ____ and from ____-, ____ through ____-, ____. These options are exercisable solely at the Awarding Authority's discretion.

VENDOR CERTIFICATIONS

Commonwealth Contract Terms and Conditions and Standard Contract Form Certifications apply to this Purchase Order.

The Vendor agrees that by executing this Purchase Order all contract terms and rights of the Commonwealth in the Commonwealth Contract shall inure to the benefit of the Awarding Authority, thereby placing the Awarding Authority in the same position as the Commonwealth, including but not limited to the terms and conditions that are found in the Commonwealth Terms and Conditions Form and/or the certifications made by the Contractor by signing the Commonwealth Standard Contract Form.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this quote has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature of individual submitting quote

Name of business

AWARDING AUTHORITY CERTIFICATION

CERTIFICATION AS TO AVAILABILITY OF FUNDS:

Town Accountant [See comment, below] Date
[Comment: Wording will vary depending on the form of government of the jurisdiction.]