NEW YORK

### PURCHASE ORDER

| SFS Dept. ID                          | Dept. ID Date (MM) (DD) (YY) AP BU and PO TYPE Vendor: Show On All Bills and Corresp |         |                |                 |                            |                                  |               | esponder      | spondence |      |     |  |
|---------------------------------------|--|---------|----------------|-----------------|----------------------------|----------------------------------|---------------|---------------|-----------|------|-----|--|
|                                       |  |         |                |                 |                            | Comptroller's Commodity SFS PO N |               |               |           |      |     |  |
| Originating Agency                    | ,  |         |                |                 | Contract No. Group No.     |                                  |               |               |           |      |     |  |
|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
| Vendor                                |  |         |                |                 | Bill To                    |                                  |               |               |           |      |     |  |
|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
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|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
|                                       |  |         |                |                 | Shin                       | To (if d                         | ifferent than | address above | )         |      |     |  |
| SFS Vendor ID                         |  |         |                |                 |                            | 10 (110                          |               |               | /         |      |     |  |
| Unless Otherwise I                    | ndicated,  | All Pri | ces Are F.O.E  | 3. Destination  |                            |                                  |               |               |           |      |     |  |
| Discount Tomas                        |  | 0       | ,              | Davia           |                            |                                  |               |               |           |      |     |  |
| Discount Terms<br>Vendor: Direct Ques | tions to:  | %       | 0              | Days            | _                          |                                  |               |               |           |      |     |  |
| Vendor. Direct Ques                   |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
| Talanhana Na                          |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
| Telephone No.<br>Item No.             |  | Dos     | cription of Ma | aterial/Service | Quantity Unit Price Amount |                                  |               |               |           | nt   |     |  |
|                                       |  | Des     |                |                 | Qu                         | anuty                            | Unit          | Flice         |           | Amou | III |  |
|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
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|                                       |  |         |                |                 | 11                         |                                  | 0             | ost Center Co | le        |      |     |  |
| PO Number                             | Line Act Amount  |         | Amount         |                 |                            |                                  |               |               |           | Obj  |     |  |
|                                       |  |         |                |                 |                            | Dept                             | Cost Center   |               | Var.      | Yr.  |     |  |
|                                       |  |         |                |                 |                            |                                  |               |               |           |      |     |  |
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#### NOTICE TO VENDORS:

By accepting this Purchase Order, the vendor acknowledges and agrees to the terms of the Purchase Order, any documents referenced herein or attached hereto, and Appendix A (Standard Clauses for New York State Contracts). A copy of Appendix A is available at https://ogs.ny.gov/procurement/appendix.

All Purchase Orders from New York State agencies are exempt from certain federal taxes and New York State and local sales taxes pursuant to Articles 28 and 29 of the New York State Tax Law. All such Purchase Orders must be accepted in lieu of tax-exempt certificates. Taxes from which the State is exempt shall not be included when submitting invoices.

All invoices or State of New York "Claim for Payment" forms (AC 3253-S) submitted for payment must include the vendor's NYS Vendor Identification Number and must include a reference to the Purchase Order number that the invoice or claim is charged against. Failure to include these numbers may delay payment.

If the Purchase Order is issued pursuant to an existing contract between the vendor and the State agency ("State Contract"), the Purchase Order shall be governed by the terms and conditions of the State Contract.

If the Purchase Order is not issued pursuant to a State Contract, the purchase is subject to terms of Appendix A (Standard Clauses for New York State Contracts), the Purchase Order, any documents referenced therein or attached thereto. Any conflict between the Purchase Order, any documents referenced thereto, and Appendix A shall be resolved in the following order of precedence:

- 1. Appendix A, Standard Clauses for New York State Contracts
- 2. Purchase Order Document
- 3. Any documents referenced in the Purchase Order or attached thereto in the following order:
  - a. Agency specific standard clauses
  - b. Agency solicitation document or specifications
  - c. Vendor's offer/proposal

New York State is an Equal Employment Opportunity/Affirmative Action Employer.

### SHIPPING INSTRUCTIONS:

- 1. Delivered goods must be identical to samples furnished with proposals.
- 2. An invoice must be sent to the "Bill To" address shown on the front of this Purchase Order. For information on New York State invoice requirements, please refer to <a href="https://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XII/4/F.htm">https://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XII/4/F.htm</a>.
- 3. New York State is not liable for overshipments, which will be returned at vendor's expense.
- 4. Unless otherwise specified, all shipments are FOB Destination.

### SUMMARY OF PROMPT PAYMENT PROVISIONS:

Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law. Interest will only be paid when it is \$10 or more per invoice and when payment is made directly by the State rather than through an intermediary organization, such as Trustee for Certificates of Participation, issued pursuant to Article 5-A of the State Finance Law.

#### **ELECTRONIC TRANSACTIONS:**

Payments made pursuant to this purchase order shall be made electronically. Vendors are also encouraged to receive Purchase Orders and submit invoices electronically. To activate these features, enter the required information into your account in the Vendor Self-Service Portal at <u>esupplier.sfs.ny.gov/psp/fscm/SUPPLIER/?cmd=login</u>. For help accessing your account, contact the SFS Helpdesk at <u>helpdesk@sfs.ny.gov</u>.

NEW YORK

# PURCHASE ORDER

| SFS Dept. ID              | Date (             | MM)     | (DD) (YY)       | AP BU and PO TYPE |                             | ١         | /endor: Sho    | w On All Bills a | and Corr | esponder  | ice |  |
|---------------------------|--------------------|---------|-----------------|-------------------|-----------------------------|-----------|----------------|------------------|----------|-----------|-----|--|
|                           |                    |         |                 |                   | Comptroller's Commodity SFS |           |                |                  | SFS      | PO Number |     |  |
| Originating Agend         | Driginating Agency |         |                 |                   |                             | ntract No | ).             | Group N          | lo.      |           |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
| Vendor                    |                    |         |                 |                   | Bill To                     |           |                |                  |          |           |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
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|                           |                    |         |                 |                   | Chir                        | To /if o  | lifforont thor | address above    | \        |           |     |  |
| SFS Vendor ID             |                    |         |                 |                   | Ship                        | 10 (11 C  | interent that  | address above    | )        |           |     |  |
| Unless Otherwise          | Indicated,         | All Pri | ices Are F.O.E  | 3. Destination    |                             |           |                |                  |          |           |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
| Discount Terms            |                    | 9       | 6               | Days              |                             |           |                |                  |          |           |     |  |
| Vendor: Direct Que        | estions to:        |         |                 |                   |                             |           |                |                  |          |           |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
| Telephone No.             |                    |         |                 |                   |                             |           |                | I                |          |           |     |  |
| Item No.                  |                    | Des     | scription of Ma | aterial/Service   | Qu                          | antity    | Unit           | Price            |          | Amou      | nt  |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
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| · · · · ·                 |                    |         |                 |                   |                             |           | C              | ost Center Co    | de       |           |     |  |
| PO Number Line Act Amount |                    | Amount  |                 | Dent              | 1                           |           |                | V                | Obj      |           |     |  |
|                           |                    |         |                 |                   |                             | Dept      | COS            | t Center         | Var.     | Yr.       |     |  |
|                           |                    |         |                 |                   |                             |           |                |                  |          |           |     |  |
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I certify that the materials or services ordered herein are to be used solely for the purposes specified in the charged appropriation; and that this order was not released to the vendor prior to the date shown.

| Paid on<br>Voucher No. | Date | Amount of<br>Partial Payment | Balance | Paid on<br>Voucher No. | Date | Amount of<br>Partial Payment | Balance |
|------------------------|------|------------------------------|---------|------------------------|------|------------------------------|---------|
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|                        |      |                              |         |                        |      |                              |         |

NEW YORK

## PURCHASE ORDER

| SFS Dept. ID              | pt. ID Date (MM) (DD) (YY) AP BU and PO TYPE |        |                 |                |                        | Vendor: Show On All Bills and Correspondence |                |                 |      |      |           |  |  |
|---------------------------|--|--------|-----------------|----------------|------------------------|--|----------------|-----------------|------|------|-----------|--|--|
|                           |  |        |                 |                |                        | Comptroller's Commodity SFS PC               |                |                 |      |      | PO Number |  |  |
| Originating Agency        | /  | _      |                 | 1              | Contract No. Group No. |  |                |                 |      |      |           |  |  |
|                           |  |        |                 |                |                        |  |                |                 |      |      |           |  |  |
| Vendor                    |  |        |                 |                | Bill                   | Bill To                                      |                |                 |      |      |           |  |  |
| Vendor                    |  |        |                 |                |                        |  |                |                 |      |      |           |  |  |
|                           |  |        |                 |                |                        |  |                |                 |      |      |           |  |  |
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| SFS Vendor ID             |  |        |                 |                | Ship                   | To (if d                                     | lifferent thar | n address above | :)   |      |           |  |  |
| Unless Otherwise          | Indicated,                                   | All Pr | ices Are F.O.E  | 3. Destination |                        |  |                |                 |      |      |           |  |  |
|                           | ,  |        |                 |                |                        |  |                |                 |      |      |           |  |  |
| Discount Terms            |  | 9      | 6               | Days           |                        |  |                |                 |      |      |           |  |  |
| Vendor: Direct Que        | stions to:                                   |        |                 |                |                        |  |                |                 |      |      |           |  |  |
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| Telephone No.             |  |        |                 |                |                        |  |                |                 |      |      |           |  |  |
| Item No.                  |  | Des    | scription of Ma | terial/Service | Qu                     | Quantity Unit Price A                        |                |                 |      | Amou | Amount    |  |  |
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| PO Number Line Act Amount |  |        |                 | 1              | cost Center Co         | 1  |                | Obj             |      |      |           |  |  |
|                           | LIIIG  | , 101  |                 | , anount       |                        | Dept   | Cos            | t Center        | Var. | Yr.  |           |  |  |
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NEW YORK

## **PURCHASE ORDER**

| SFS Dept. ID              | ept. ID Date (MM) (DD) (YY) AP BU and PO TYPE |                      |                 |         |             | Vendor: Show On All Bills and Correspo |               |           |      |           |  |
|---------------------------|---|----------------------|-----------------|---------|-------------|--|---------------|-----------|------|-----------|--|
|                           |   |                      |                 | Comp    | otroller'   | s                                      | Commo         | nodity SF |      | PO Number |  |
| Originating Agency        | /   |                      |                 | Contr   | act No      | ·-                                     | Group N       | NO.       |      |           |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
| Vendor                    |   |                      |                 | Bill To |             |  |               |           |      |           |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
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| SFS Vendor ID             |   |                      |                 |         | 1 o (if d   | ifferent than                          | address above | :)        |      |           |  |
| Unless Otherwise          | Indicated, A                                  | All Prices Are F.O.E | 3. Destination  |         |             |  |               |           |      |           |  |
| Discount Terms            |   | %                    | Days            |         |             |  |               |           |      |           |  |
| Vendor: Direct Que        | stions to:                                    |                      |                 |         |             |  |               |           |      |           |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
| Telephone No.             |   |                      |                 |         |             |  |               |           |      |           |  |
| Item No.                  |   | Description of Ma    | aterial/Service | Qua     | ntity       | Unit                                   | Price         |           | Amou | nt        |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
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|                           |   |                      |                 |         |             | C                                      | at Cantar Ca  |           |      |           |  |
| PO Number Line Act Amount |   | Cost Center Code     |                 |         |             |  | Obj           |           |      |           |  |
|                           |   |                      |                 | Dept    | Cost Center |  | Var. Yr.      |           |      |           |  |
|                           |   |                      |                 |         |             |  |               |           |      |           |  |
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This Copy to:

Contained at contrain delivery point data more interformations is received.
Contained at contain delivery point data more interformations is received.
Accompany article being delivered to ordering unit.
Be signed and returned to Finance Office.

Authorized Signature

<sup>1.</sup> Be retained at central delivery point until merchandise is received.