



PURCHASE ORDER

PREVIEW

<b>PURCHASE ORDER NUMBER:</b> [REDACTED]	<b>Buyer:</b> [REDACTED]
<b>Purchase Order Date:</b> 04/07/2014	<b>Phone:</b> [REDACTED]
<b>Vendor Number:</b> [REDACTED]	<b>Email:</b> [REDACTED]
	<b>Payment terms:</b> Net 30 days
	<b>Incoterm:</b> FOB Destination

VENDOR NAME  
VENDOR ADDRESS

INVOICE TO:  
FCG - Accounts Payable  
PO Box 1147  
Fairfax, VA 22038-1147

SHIP TO:  
[REDACTED]  
Human Svc Admin Procurement DFS  
12011 Government Center Pkwy Ste 730  
Fairfax, VA 22035

////////ATTENTION VENDOR////////  
PLEASE NOTE INSTRUCTIONS PRINTED FOLLOWING LAST LINE ITEM.

LINE NO	MATERIAL ID/DESCRIPTION OF ITEM(S) SERVICE(S) ORDERED OTHER ITEM DETAILS	QTY/UOM	PRICE/PRICE UNIT	TOTAL PRICE
1	<b>Program Name</b> <b>Detailed Description:</b> Start Date 04/01/2014 through 05/20/2014. <b>Shopping Cart Number:</b> [REDACTED] <b>Contract Number:</b> [REDACTED] <b>Contract Item Description:</b> [REDACTED]	1 /EA	[REDACTED] USD/1 EA	[REDACTED] USD

TOTAL COST OF THIS ORDER **Total Amount** USD

PURCHASE ORDER NUMBER MUST APPEAR ON ALL DELIVERIES, PACKAGES, INVOICES, PACKING SLIPS AND RELATED CORRESPONDENCE

CERTIFIED AS TO AVAILABILITY OF FUNDS Director of Finance/Date By: Date: 04/08/2014	APPROVED County Purchasing Agent/Date By: Date: 04/08/2014
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