State of Kansas Department of Administration

## AGENCY PURCHASE ORDER

Division of Accounts and Reports APO Number: Area 111 Agency No. Div. No. Current Doc. DA-103 (Rev. 07-92) 629 No. DOCUMENT DATE: 4/11/05 **PAYMENT CODE: 1 EFFECTIVE DATE: DUE DATE: Vendor Information Purchasing Agency Name & Address** Tax ID Send Invoice to: Name Shipping Street Address if City/St Different: Zip T/C Sfx M **BFY PCA** Sfx Reference **Fund** Index SubObj Det Amount 01 Doc. Invoice Number Description Agency Use Sfx T/C Reference Sfx M **Fund BFY** Index **PCA** Sub-Det Amount 02 Obj Doc. **Invoice Number** Description Agency Use **PCA** Sfx T/C Reference Sfx M **Fund BFY** Index Sub-Det Amount 03 Doc. Obj **Invoice Number** Description Agency Use Purchase/Req. No. **Terms FOB** Contract Number **Delivery Date Document Total** \$ Date & Invoice Quantity Unit Description of Material or Service **Unit Price** Amount Number **Document Total:** \$ Agency Purchasing Certification: This document represents a purchase order of the State of Kansas for the Agency Payment Certification: I certify that the within was contracted for the State under authority of law, and material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. that the amount herein is unpaid and correct according to such contract. Agency Authorized Signature Date Agency Authorized Signature Date