

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 FMIS & TELE-SERVICES
 EQUIPMENT ORDER/REPAIR FORM
 MARYLAND SALES TAX EXEMPT #5230002563

FOR TELECOMMUNICATIONS
 USE ONLY

SUBMIT INVOICE IN
 TRIPLICATE AND SHOW THE
 FOLLOWING:

FEDERAL TAX I.D. NUMBER
 OR
 SOCIAL SECURITY NUMBER

ORDER NO. _____

CHGBACK NO. _____

STATE/DHMH
 CONTRACT NO. _____

VENDOR:

SHIP TO: LOADING DOCK
 201 WEST PRESTON ST.
 BALTIMORE, MARYLAND 21201

C/O:

BILL TO: FMIS & TELE-SERVICES
 201 W PRESTON STREET
 ROOM LL-4
 BALTIMORE, MARYLAND 21201
 ATTN: A. Michele Jones

DELIVERY DUE DATE	TERMS NET 30	F.O.B.	FISCAL YEAR	PCA	AGENCY OBJECT	DATE
ITEM	QUANTITY	UNIT	DESCRIPTION		UNIT PRICE	AMOUNT
					TOTAL\$	

THE UNDERSIGNED HEREBY CERTIFIES THAT SUFFICIENT FUNDS ARE AVAILABLE AND HAVE _____ HAVE NOT _____ BEEN PROVIDED IN THE BUDGET FOR THE ARTICLES REQUISITIONED HEREIN AND THAT ARTICLES LISTED ARE FOR STATE USE.

 APPROVED SIGNATURE

This is to acknowledge receipt of the equipment listed above:

 Signature

 Date