ORDER FORM

IV PO #	PO Line #	Date	Order #

FY	Fund	Dept	Orgn	Appr	Obj	Sub Obj	Prog	Rep Category	Amount

Facility/Agency		**TOTAL**	**0.00**
Billing Contact E-Mail Address		Date Items Required	
Billing Information (Required)		To Be Delivered To (Specify Building)	
State Location Code		Person Initiating Request	
Billing Contacts Name		Requesters Phone #	
Billing Contacts Phone #		Requesters E-Mail	

Do Not Use This Space

Date of Bid	Bid/Contract/T.Q.	F.O.B.	Delivery Date	Terms

Item No	Complete and accurate specifications should be given for each item listed. Failure to do so will cause delay. Description	Quantity	Unit Measure	Unit Price	Estimated Cost
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				Total	**0.00**

Delaware Correctional Industries
245 McKee Road
Dover, DE 19904
Phone: 302-857-5491
Fax: 302-739-1608
E-Mail: DOC_DCISales@state.de.us

Approved

Shop Supervisor Date

For additional space use another order form, noting "Page 2"

Created 07/15/2008