

MISCELLANEOUS ORDER

Department		DATE PREPARED	DOCUMENT # _____						
Requisitioner			BATCH # _____						
Req. Telephone No.		FUNDING SOURCE (IF ANOTHER DOCUMENT)	BATCH DATE _____						
Departmental Authorized Signer		ORDER TERMINATION DATE	CODED BY _____						
		CIVIL SERVICE ITEM NO.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Vendor No</td> <td style="width: 10%;">Suf</td> <td style="width: 70%;">Federal ID Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Vendor No	Suf	Federal ID Number				THIS ORDER IS SUBJECT TO THE ATTACHED "MISCELLANEOUS ORDER TERMS AND CONDITIONS" INCORPORATED HEREIN AND MADE A PART HEREOF. _____ CONTRACTOR'S SIGNATURE	
		Vendor No	Suf	Federal ID Number					
DESCRIPTION									

SUFFIX						
FUND						
DEPARTMENT						
DIVISION						
RC/OUTPUT						
INDEX CODE						
CLASS CODE						
USER CODE						
GRANT						
GRANT DETAIL						
PROJECT						
PROJECT DETAIL						
AMOUNT						

SEND ALL INVOICES IN TRIPLICATE TO THE CONTRACTING DEPARTMENT, CITY OF PHILADELPHIA

- * THIS ORDER NUMBER MUST BE SHOWN ON ALL INVOICES, CORRESPONDENCE, ETC.
- * A SEPARATE INVOICE MUST BE SUBMITTED FOR EACH MISCELLANEOUS ORDER.
- * THIS ORDER IS SUBJECT TO CANCELLATION IF PERFORMANCE IS NOT IN ACCORDANCE WITH AGREEMENT.
- * **NO CHANGE MAY BE MADE IN ANY OF THE PROVISIONS OF THIS ORDER.**