

**ADPICS/FAMIS - FY 97-98
CITY/COUNTY OF SAN FRANCISCO
CONTRACT PURCHASE ORDER INPUT FORM**

Original	
Modification-Increase	
-Decrease	
Date Change Only	

DOCUMENT NUMBER

DEPARTMENT _____
DEPARTMENT CONTROL NO. _____
DATE _____ PAGE _____ OF _____ PERIOD COVERED _____
ORIGINAL CONTRACT NUMBER _____ FROM _____ TO _____

Complete for Contract Order type Agreements and Contracts
AMOUNT OF THIS ENCUMBRANCE \$ _____
 OTHER DEPARTMENT INFORMATION OR NUMBERS _____
TOTAL APPROVED CONTRACT \$ _____
 CIVIL SERVICE RESOLUTION NO. _____

CONTRACTOR _____
 ADDRESS _____
 VENDOR NO. _____ Stk _____
 FEIN/SSN No _____
 Phone # _____
 DELIVER TO _____
 SEND INVOICES IN DUPLICATE TO _____

TERMS OF PAYMENT _____
 RETAINAGE REQUIRED, YES/NO _____
 IF YES, AMOUNT OR % _____

COMMODITY OR SERVICE CODE # _____
 DETAILED DESCRIPTION OF SERVICES AND PRODUCTS _____
 INSURANCE REQUIRED _____ AMOUNT _____ EXPIRATION DATE _____ ATTACH: _____
 WORKER'S COMP _____
 COMP. GEN. LIABILITY _____
 AUTOMOBILE _____
 UMBRELLA _____
 OTHER INSURANCE _____
 OTHER INSURANCE _____
 ATTACHMENTS - Please identify by title or description _____
 SYSTEM USE _____

APPROVALS

PREPARED BY (Print) _____
 Phone # _____ Fax # _____

APPROVED BY _____ (Print Name)
 Signature _____
 Document Number _____
 Number _____
 Suffix _____

Line No.	Amount	Index Code		Sub-Object		User Code		Project		Grant		ADDITIONAL ATTACHED	No. of Pages
		Project	Project	Project	Project	Project	Project	Project	Project	Project	Project		