State of Kansas Department of Administration Division of Accounts and Repo KSU-103 (Rev. 07-92)			on					ORDER	vot			367 vo	rrent Doc. No.	
Document Date: / Effective Date: / Due Date: /														
Vendor Alpha Prefix Local Enc. #										Purchasing Agency Name & Address Send Invoice to:				
Vendor Information										Department: Contact:				
No/Sfx Name						Payment Indicator					Phone: () _			
Street City,St. & zip	City, St. , –									Shipping Address				
Sfx T/	C Ref Doc	Sfx	М	Fund	BFY	Index	PCA	Sub Obj	Det	Amount		Invoice Number Ag	gency Use	
01 02 03 04 05 06 07 08														

Purchase/Req	•	Terms		FOR	Contract	Delivery Date		Document Total		
Date & Inv No	Quantity	Unit		Description of Ma	Unit Price	Amount				
								Doc. Total		
DEPARTMENT PURCHASING/PAYMENT CERTIFICATION This document represents a purchase order of the State of Kansas for the 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.						AGENCY CERTIFICATION: I certify that the within was contracted for the State under authority of law, and that the amount herein is unpaid and correct according to such contract.				

Agency Authorized SignatureDateAgency Authorized SignatureDateNOTICE TO VENDOR: By acceptance of this purchase order, you agree to abide by the provisions
of K.S.A. 44-1030. This purchase order is also exempt from taxes as noted in the Exemption Certicate.An Equal Opportunity Employer

EXEMPTION CERTIFICATE: The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration no. 48-73-0167K and from Kansas sales tax under registration no. 3-9999. Copies: 1. Division of Accounts & Reports 2. Vendor Copy 3. Agency Copy 4. Remittance Copy 5. Agency Receiving Report Copy