

Section 8 / Part 1

Effective Date: July 1992

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Agency Purchase Order

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AGENCY PURCHASE ORDER

Division of Accounts and Reports
DA-103 (Rev. 07-92)

APO Number:

Area 111

Agency No.
629

Div. No.

Current Doc.
No.

DOCUMENT DATE: 4/11/05

PAYMENT CODE: 1

EFFECTIVE DATE:

DUE DATE:

Vendor Information

Purchasing Agency Name & Address

Tax ID		Send Invoice to:	
Name Street City/St Zip		Shipping Address if Different:	

	Sfx 01	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	SubObj	Det	Amount
Invoice Number	Description						Agency Use					
	Sfx 02	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
Invoice Number	Description						Agency Use					
	Sfx 03	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
Invoice Number	Description						Agency Use					

Purchase/Req. No.	Terms	FOB	Contract Number	Delivery Date	Document Total \$
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Date & Invoice Number	Quantity	Unit	Description of Material or Service	Unit Price	Amount	
					Document Total:	\$

Agency Purchasing 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 Payment 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 Signature

Date

Agency Authorized Signature

Date

An Equal Opportunity Employer

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