Print Clear

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 7/2003)

Important Note

CONTRACT REGISTRATION NUMBER	AGENCY ORDER NUMBER	AMENDMENT NO.
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	DATE	PAGE OF PAGE

SHIP TO

Be sure to attach the Supplier's Instructions (page 2) to Purchasing Authority Purchase Order (page 1) before sending to Supplier. To hide this note, click on the Important Note Button.

BILL TO

AGENCY BILLING CODE

PURCHASING AUTHORITY NUMBER

LEVERAGED PROCUREMENT AGREEMENT NO.

TO SUPPLIER ADDRESS

(Type or Print Legibly)

INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER

AGENCY OR BUYER INFORMATION

AGENCY TRACKING/REQUISITION NUMBER (*Optional*)

AGENCY NAME

CONTACT NAME

CONTACT E-MAIL ADDRESS

CONTACT PHONE NUMBER

CONTACT FAX NUMBER

SUPPLIER CONTACT NAME | SUPPLIER PHONE NUMBER | SUPPLIER FAX NUMBER | SUPPLIER E-MAIL ADDRESS

PAYMENT TERMS | CERTIFICATION NUMBER | ☐ Certified Small Business | ☐ Certified Microbusiness | EXPIRATION DATE | ☐ Certified DVBE | EXPIRATION DATE

REQUIRED DELIVERY DATE | SHIPPING INSTRUCTIONS | ☐ F.O.B. Destination FRT. PPD | ☐ F.O.B. Destination FRT. PPD/ADD Freight not to exceed cost stated on P.O. | ☐ F.O.B. ORIGIN | CITY OF ORIGIN | STATE | ZIP CODE

ITEM NUMBER	QUANTITY	UNIT	COMMODITY CODE or PRODUCT CODE or SERVICES ID NUMBER	RECYCLED PRODUCT	PRODUCT OR SERVICES DESCRIPTION	UNIT PRICE	EXTENSION TOTAL
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

Manually calculate and enter dollar amounts for: Taxable Subtotal, Installation, Shipping/Freight & Other Non-Taxable items. To hide this note, click on the Important Note Button.

Important Note

TERMS AND CONDITIONS

A-1 ☐ General Provisions are incorporated herein by reference to:
☐ Form GSPD - 401Non-IT Commodities (revision date _____) OR ☐ Form GSPD - 401IT (revision date _____)
☐ ATTACHED OR ☐ Published at website: www.dgs.ca.gov/pd

A-2 ☐ This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the block titled Leveraged Procurement Agreement No.) are incorporated herein by reference as if set forth in full text.

B ☐ Agency Special Provisions are attached and titled _____.

C ☐ Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the product or services description area or on continuation pages.

PROCUREMENT METHOD ☐ COMPETITIVE: Solicitation Number *(if applicable)* _____

☐ LEVERAGED ☐ DVBE / SMALL BUSINESS [GC 14838.5(a)] ☐ NON-COMPETITIVELY BID ☐ EXEMPT

*** NOTE: If there are variable charges for Installation, Shipping or Freight, or Other Non-Taxable Services, detail per line item and enter total here.**

TAXABLE SUBTOTAL	
TAX RATE 0.000% SALES TAX	0.00
* INSTALLATION	
* SHIPPING/ FREIGHT	
* OTHER NON-TAXABLE	
GRAND TOTAL	0.00

PROGRAM / CATEGORY *(Code and Title)* | FUND TITLE | VERIFIED NO STATE SURPLUS AVAILABLE ☐ YES ☐ NO | PAID BY CAL-CARD ☐ YES ☐ NO

ITEM | CHAPTER | STATUTE | FISCAL YEAR | OBJECT OF EXPENDITURE (CODE AND TITLE) | ☐ O.E. ☐ EQ.

CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER

I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified above is issued in accordance with the procedure prescribed by law governing the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.

AUTHORIZING NAME *(Print or Type)* | TITLE

AUTHORIZING SIGNATURE

UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER

ADJUSTMENT INCREASING ENCUMBRANCES

ADJUSTMENT DECREASING ENCUMBRANCES

CERTIFIED CORRECT (SIGNATURE)

DISTRIBUTION: ***Copy 1 - Supplier; Copy 2 - DGS Procurement; Copy 3 - Packing Slip; Copies 4–6 - Agency Procurement File***

SUPPLIER INSTRUCTIONS

1. **INVOICES:** Unless otherwise specified, original invoices shall be sent to the "Bill To" address on the face of this document. Invoices shall be submitted in triplicate and shall include:

   - Contract registration number *(if applicable)*,
   - Agency order number,
   - Item number,
   - Services or Product ID number,
   - Unit price,
   - Extended item price, and
   - Invoice total amount.

   State sales tax, installation cost, shipping/freight costs, and/or other non-taxable costs shall be itemized separately and added to each invoice as applicable.

2. **REQUIRED PAYMENT DATE:** Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927 et seq. Unless expressly exempted by statute, the Act requires state agencies to pay properly submitted, undisputed invoices not more than 45 days after (a) the date of acceptance of goods or performance of services; or (b) receipt of an undisputed invoice — whichever is later.

3. **SHIPPING INSTRUCTIONS:** When the Purchase Order or contract allows prepaid/add transportation charges, submit original receipted expense bills if freight charges are over $50.00. All shipments shall be F.O.B. Destination Freight Prepaid unless otherwise specified. All orders **MUST** include a copy of the packing slip inside the carton **AND** a copy securely attached to th**e OUTSIDE** of the shipping carton.

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 7/2003)

CONTRACT REGISTRATION NUMBER	AGENCY ORDER NUMBER	AMENDMENT NO.
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	DATE	PAGE ___ OF ___ PAGE

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		AGENCY BILLING CODE
		PURCHASING AUTHORITY NUMBER
		LEVERAGED PROCUREMENT AGREEMENT NO.

TO SUPPLIER ADDRESS *(Type or Print Legibly)*

INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER

AGENCY OR BUYER INFORMATION	AGENCY TRACKING/REQUISITION NUMBER (*Optional*)
AGENCY NAME	CONTACT NAME
CONTACT E-MAIL ADDRESS	
CONTACT PHONE NUMBER	CONTACT FAX NUMBER

SUPPLIER CONTACT NAME	SUPPLIER PHONE NUMBER	SUPPLIER FAX NUMBER	SUPPLIER E-MAIL ADDRESS

PAYMENT TERMS	CERTIFICATION NUMBER	☐ Certified Small Business	☐ Certified Microbusiness	EXPIRATION DATE	☐ Certified DVBE	EXPIRATION DATE

REQUIRED DELIVERY DATE	SHIPPING INSTRUCTIONS	☐ F.O.B. Destination FRT. PPD	☐ F.O.B. Destination FRT. PPD/ADD Freight not to exceed cost stated on P.O.	☐ F.O.B. ORIGIN	CITY OF ORIGIN	STATE	ZIP CODE

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C ☐ Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the product or services description area or on continuation pages.

PROCUREMENT METHOD ☐ COMPETITIVE: Solicitation Number *(if applicable)* _____

☐ LEVERAGED ☐ DVBE / SMALL BUSINESS [GC 14838.5(a)] ☐ NON-COMPETITIVELY BID ☐ EXEMPT

TAXABLE SUBTOTAL	
TAX RATE 0.000% SALES TAX	0.00
* INSTALLATION	
* SHIPPING/ FREIGHT	
* OTHER NON-TAXABLE	
GRAND TOTAL	0.00

*** NOTE: If there are variable charges for Installation, Shipping or Freight, or Other Non-Taxable Services, detail per line item and enter total here.**

PROGRAM / CATEGORY *(Code and Title)*	FUND TITLE	VERIFIED NO STATE SURPLUS AVAILABLE ☐ YES ☐ NO	PAID BY CAL-CARD ☐ YES ☐ NO

ITEM	CHAPTER	STATUTE	FISCAL YEAR	OBJECT OF EXPENDITURE (CODE AND TITLE)	☐ O.E. ☐ EQ.

CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER

I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified above is issued in accordance with the procedure prescribed by law governing the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.

UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER		
ADJUSTMENT INCREASING ENCUMBRANCES		
ADJUSTMENT DECREASING ENCUMBRANCES		

AUTHORIZING NAME *(Print or Type)*	TITLE
AUTHORIZING SIGNATURE	CERTIFIED CORRECT (SIGNATURE)

DISTRIBUTION: ***Copy 1 - Supplier; Copy 2 - DGS Procurement; Copy 3 - Packing Slip; Copies 4–6 - Agency Procurement File***

DEPARTMENT OF GENERAL SERVICES
Procurement Division
Data Entry Unit - Second Floor
P.O. Box 989052
West Sacramento, CA 95798-9052

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

PURCHASING AUTHORITY PURCHASE ORDER

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		AGENCY BILLING CODE
		PURCHASING AUTHORITY NUMBER
		LEVERAGED PROCUREMENT AGREEMENT NO.

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INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER

AGENCY OR BUYER INFORMATION	AGENCY TRACKING/REQUISITION NUMBER (*Optional*)
AGENCY NAME	CONTACT NAME
CONTACT E-MAIL ADDRESS	
CONTACT PHONE NUMBER	CONTACT FAX NUMBER

SUPPLIER CONTACT NAME	SUPPLIER PHONE NUMBER	SUPPLIER FAX NUMBER	SUPPLIER E-MAIL ADDRESS

PAYMENT TERMS | CERTIFICATION NUMBER | ☐ Certified Small Business | ☐ Certified Microbusiness | EXPIRATION DATE | ☐ Certified DVBE | EXPIRATION DATE

REQUIRED DELIVERY DATE | SHIPPING INSTRUCTIONS | ☐ F.O.B. Destination FRT. PPD | ☐ F.O.B. Destination FRT. PPD/ADD Freight not to exceed cost stated on P.O. | ☐ F.O.B. ORIGIN | CITY OF ORIGIN | STATE | ZIP CODE

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TAXABLE SUBTOTAL	
TAX RATE 0.000% SALES TAX	0.00
* INSTALLATION	
* SHIPPING/ FREIGHT	
* OTHER NON-TAXABLE	
GRAND TOTAL	0.00

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AUTHORIZING SIGNATURE

CERTIFIED CORRECT (SIGNATURE)

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PACKING SLIP

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

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TAX RATE 0.000% SALES TAX	0.00
*** INSTALLATION**	
*** SHIPPING/ FREIGHT**	
*** OTHER NON-TAXABLE**	
GRAND TOTAL	0.00

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STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

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*** OTHER NON-TAXABLE**	
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ADJUSTMENT DECREASING ENCUMBRANCES		

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STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 7/2003) (REVERSE)

INSTRUCTIONS FOR COMPLETING THE PURCHASING AUTHORITY PURCHASE ORDER

1. **CONTRACT REGISTRATION NUMBER:** All purchases of goods or services over $5,000.00 require a Contract Registration Number. This number must be placed on all supplier invoices in order to process payments.

2. **AGENCY ORDER NUMBER:** Enter the appropriate agency order number as prescribed by your agency. Agency order number must be unique from transaction to transaction and from year to year (e.g., 03-001, 03-002, etc.; "03" represents the fiscal year of issue). Agency order number must not exceed fifteen (15) characters in length. This number must also be placed on all supplier invoices and packing slips in order to process payments and receive products and services.

3. **AMENDMENT NO.:** Enter the appropriate amendment number (e.g., 1, 2, 3, etc.) as amendments occur. Amendments are necessary when ANY change in the order occurs. This includes change in descriptions, costs, quantities, etc.

4. **DATE:** Enter the date the order is prepared. The month and day should be indicated with two (2) digits and the year with four (4) digits (i.e., July 1, 2003 is 07/01/2003).

5. **PAGE OF PAGE:** Enter page number and total number of pages for each order. This should be shown with two (2) digits (e.g., enter 01/01 for page 1 of 1). If needed, use STD. 65A (Purchasing Authority Purchase Order Continuation).

6. **AGENCY BILLING CODE:** Enter Agency Billing Code. A five-digit or six-digit code issued by the Department of General Services (DGS) for billing purposes.

7. **PURCHASING AUTHORITY NUMBER:** Enter your department's purchasing authority number as assigned by DGS. This number MUST be entered for all IT transactions $0.00 and over and Non-IT goods transactions over $100.00.

8. **LEVERAGED PROCUREMENT AGREEMENT (LPA) NO.:** Enter the appropriate leveraged procurement agreement number (e.g., California Multiple Award Schedule (CMAS) Contract, Master Agreement, State Price Schedule, etc.).

9. **INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER:** For procurement of information technology goods or services, enter one of the following identification numbers: Project Number, Department Assigned Internal Project Number, Department Assigned Work Group Computing Justification Form Number (WCJF).

10. **AGENCY TRACKING/REQUISITION NUMBER:** Enter any agency internal purchase request(s) number to assist with internal tracking of this purchasing authority purchase order.

11. **PAYMENT TERMS:** Cash discount offered by the supplier if payment is postmarked within a specific number of days (discount period) or a discount offered per the contract terms (e.g., 2% Net 30, Net 30).

12. **CERTIFIED SMALL BUSINESS, MICROBUSINESS AND CERTIFIED DISABLED VETERAN BUSINESS ENTERPRISE:** Check the appropriate box(es) if the supplier is a California certified Small Business/Microbusiness or DVBE as certified by the Office of Small Business and DVBE Certification (OSDC). Verify expiration date and enter date in the space provided.

13. **REQUIRED DELIVERY DATE:** Enter the required delivery date for all items, or indicate the time period after receipt of order (ARO) for delivery. If multiple delivery dates are required enter "see item" or "as specified" and include specific dates in the item description or use an attachment to define. Date(s) should be the same as established in any applicable solicitation, or leveraged procurement agreement, unless otherwise agreed upon, in writing, signed by all parties and approved as required.

14. **SHIPPING INSTRUCTIONS:** Enter shipping information such as Free on Board (F.O.B.); Destination (DEST); Freight (FRT); Prepaid (PPD); F.O.B. Destination, Freight Prepaid and Add (PPD/ADD); F.O.B. Origin, Freight Collect (COLL). If assistance is needed, contact DGS Procurement Division (PD) Transportation Management (TM) for contracted carrier information.

15. **ITEM NUMBER:** Enter item number(s) in sequential order.

16. **QUANTITY:** Enter appropriate numeric quantity.

17. **UNIT:** Enter the order unit of measure. Examples: **ea** - each; **pk** - package; **bx** - box; **st** - set.

18. **COMMODITY CODE** or **PRODUCT CODE** or **SERVICES ID NUMBER:** Include the applicable commodity code, product code, or services identification number, i.e., PIN number, part number, catalog number, SKU number, etc. in this column.

19. **RECYCLED PRODUCT:** Check the "Recycle" column when the product being purchased is a reportable product. Reportable products are any products that fall into one of the following categories: antifreeze, compost/co-compost, glass, lubricating oils, paint, plastic products, paper products, printing and writing papers, solvents, steel, tires, and/or tire-derived products.

20. **PRODUCT OR SERVICES DESCRIPTION:** For leveraged procurement agreements established by DGS, enter the description exactly as worded in the referenced agreement. For other acquisitions, use wording to accurately describe the product(s) or services ordered, including brand, model, version, etc. Descriptions should include all features, components, supplies, etc., or reference to attachments with detailed descriptions.

21. **UNIT PRICE:** The unit price or service rate (e.g., hourly, weekly or monthly rate) must be entered for each line item. For leveraged procurement agreements established by DGS, enter the unit price stated in the referenced LPA. For other acquisitions, enter the unit price contained in the supplier's bid, proposal, or as negotiated.

22. **EXTENSION TOTAL:** Multiply the product quantity times the unit price and enter the result.

23. **TERMS AND CONDITIONS:**

    A-1: For competitive or non-competitive bids check the applicable box(es) to indicate the appropriate General Provisions are being used and are incorporated into the order and insert the applicable revision date. Use the version contained in the solicitation and resulting bid with the supplier. A hard copy must be attached, OR reference made to the Procurement Division web page at www.dgs.ca.gov/pd.

    OR

    A-2: Check the second box if the order is being placed under a leveraged procurement agreement, as those agreements contain all the required terms and conditions.

    B: Check the third box if any Agency Special Provisions are applicable. Agency Special Provisions may be used to supplement the general provisions and/or tailor the purchase order as agreed upon by all parties. To incorporate Agency Special Provisions, insert, on the blank line, the name (or other identification) of the form or document used.

    C: Check this box as applicable when attaching specifications, Statement of Work or using IT model language modules.

24. **PROCUREMENT METHOD:** Check the appropriate box as applicable to the transaction being issued. For more information on requirements for each method, refer to the purchasing authority manual available on the DGS Procurement Division web page. "Exempt" should be checked for those transactions exempted by law (e.g., sheltered workshop or Community Based Rehabilitation Programs [CBRP] purchases).

25. **VERIFIED NO STATE SURPLUS AVAILABLE:** Check the appropriate box in support of the agency's effort to use existing State inventory as appropriate prior to an acquisition.

26. **PAID BY CAL-CARD:** Check the appropriate box.

DISTRIBUTION:
The Purchasing Authority Purchase Order MUST be distributed as follows:

COPY 1: SEND TO SUPPLIER

COPY 2: **DEPARTMENT OF GENERAL SERVICES**
Procurement Division
Data Entry Unit - Second Floor
P.O. Box 989052, West Sacramento, CA 95798-9052

DGS Procurement Division's mailing address is pre-printed on the back of Copy 2 for mailing purposes *(fits #10 window envelopes).*

COPY 3: PACKING SLIP *(Send to supplier)*

COPIES 4 – 6: AGENCY PROCUREMENT FILE