Note: ***Purchase Order Number must appear on invoice.***

Mass Tax Exempt No.: E042576002

PURCHASE ORDER NO.: _____

Project LOCAL
851
FORM C

FAX: _____

TO: _____

ADDRESS: _____

CITY: _____

SHIP TO: _____

ADDRESS: _____

_____

DATE: _____

FOR: _____

DATE REQUIRED: _____

SEND INVOICE TO:

Shore Educational Collaborative
100 Revere Beach Parkway
Chelsea, MA 02150
(617) 887-2930 Fax (617) 887-2960

Qty Ordered	Please supply following items:	Each	Total Price

Purchasing Agent: _____

Supervisor: Funds Available: yes/no Sign _____

Date: _____