

Purchase Order Instructions and Guide

1. **Purchase Information:** Details about the purchase including date ordered, ship-to location, buyer contact information and requestor contact information.
2. **Vendor:** Contains information about the vendor including Banner ID, address, and email.
3. **Comment:**
 - a. Any comments pertaining to the purchase will be displayed here.
 - b. The same comments from above will also appear here in the description column.
4. **Bill To:** The contact information of Accounts Payable will be listed here for the vendor's convenience. The College's tax exempt ID is also listed here.
5. **Ship To:** The name and campus address where the items will be shipped to.
6. **Order Details:** Each item from the order will be listed with its description, quantity, unit price and total.
7. **PO Total:** The total amount of the entire purchase.
8. This page is for the vendor only. They can fill this out if they wish to set up electronic payment. If you receive this form completed by the vendor, please email to accounts.payable@ccri.edu.
9. This is the Invoice Payment Verification page. It details the FOAPL string that the purchase is being charged to. Review and verify for accuracy.
10. **Signature:** The Financial Manager of the organization is to sign here *once the item(s) has been received*. The vendor **will not** be paid unless this Invoice Payment Verification page is signed and submitted to Accounts Payable.



Community College of Rhode Island

Purchasing Office
400 East Avenue
Warwick, RI 02886
Phone:(401)825-2196
Purchasing@ccri.edu

PURCHASE ORDER NO.P0012345

P0012345 W.B. Mason Company, Inc.

Table with 3 columns: Date Ordered, Revision, PO Class; Buyer, Ship To Location; Requester, Phone, Due Date; Requester, Phone, Requester Email.

Vendor:

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91000801
W.B. Mason Company. Inc.
99 Bald Hill Road
Cranston, RI 02920-2648

Comment:

3a

Any comments entered will show here.

Bill To:

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Community College of Rhode Island Accounts Payable
400 East Avenue
Warwick, RI 02886
401-825-2445
Accounts.Payable@ccri.edu
Tax Exempt: Y Tax Exempt ID: 227366768

Ship To:

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Drew Knight
Community College of RI
400 East Avenue
Warwick RI 02886

Main purchase order table with columns: Line, Description, Quantity, Unit Price, Total. Includes line 1 for Dixon Ticonderoda Woodcase Pencil and a PO Total row.

NOTE TO VENDOR:

The College is a tax-exempt public educational institution. Deliveries are accepted Mon. to Fri. 8:00am-3:00pm. 24 hour notice for large deliveries is recommended. Please call 401-825-2196 to make arrangements. This notice of award/purchase order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and general conditions of purchase, copies of which are available at www.purchasing.ri.gov. Grant funded purchases are subject to federal regulations and conditions of purchase which are available at www.ecfr.gov. Delivery of goods or services as described herein shall be deemed acceptance of these requirements. Vendors are required to submit detailed invoices utilizing the same unit of measure and cost per unit rates as provided on the Purchase Order. Invoices must be uniquely numbered and clearly show the date of service or date goods were shipped. CCRI Purchase Order Number must be referenced on vendor's invoice.

CCRI A/P USE ONLY

Voucher ID #: _____

Date : _____

Handwritten signature of Lisa M. Lopez

Authorized Agent

11/14/2022

Date



Vendor Request for Direct Deposit (ACH)

Business Name : _____ FEIN/SSN# _____

Contact Name : _____ Tel. # () ext _____

Title: _____ Fax # _____

Address: _____ E-mail : _____

Please note that notification of direct deposit will be sent to the email provided

City : _____ State: _____ Zip: _____

Bank Name : _____

Routing and Transit #: (ABA#):

Grid for routing and transit number

Checking Account #:

Grid for checking account number

A VOIDED CHECK OR COPY OF A CANCELLED CHECK MUST ALSO BE ATTACHED

I hereby authorize the Community College of Rhode Island (hereinafter "CCRI") to electronically deposit any payments made on behalf of the Community College to the bank account specified below. This authorization is to remain in full force and effect until CCRI has received written notification from me of its termination in such time and manner as to afford CCRI and the bank named below a reasonable opportunity to act upon it. In the event that CCRI notifies the bank that funds have been deposited to the company's account in error, I hereby authorize and direct the bank to return said funds to CCRI as soon as possible. In the event that for any reason, the bank is unable to return said funds to CCRI, I hereby authorize CCRI to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from CCRI until the amount of erroneous deposit has been recovered in full; (2) making written demand on the company for return of said funds, in which case the company hereby agrees to return said funds in full to the CCRI within two (2) weeks of receipt of such written demand; or (3) any combination of methods (1) and (2) above. The company further agrees that if such funds are repaid to CCRI, the company will be liable for all costs of collection, including reasonable attorney's fees incurred by the CCRI in collection of such funds, together with the maximum interest permitted by law.

I have read, understand, and agree to the above statement.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received : _____ Banner ID : _____ Request Contact : _____

Pre-Note Status : Pre-Note Active

Method Verified : Phone Number on File

Banner Entered By : _____

Requested by CCRI

Part of RFP / RFQ package

INVOICE PAYMENT VERIFICATION
FOR INTERNAL CCRI USE ONLY

P0012345

W.B. Mason Company, Inc.

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FiscYr	Item #	Accounting #	Fund Codes	Organization	Program	Location	Amount	Requisition ID
23	1	706130	101010	41045	101		10.00	R0012345

I HEREBY CERTIFY THAT THE ITEMS LISTED ABOVE HAVE BEEN RECEIVED IN GOOD CONDITION AND ARE ACCEPTED BY ME. THIS IS A JUST AND PROPER CHARGE AGAINST THE ACCOUNTS/GRANT AWARD LISTED AND HAS NOT BEEN PAID BEFORE. I AM DULY AUTHORIZED TO SIGN THE CERTIFICATE AND AWARE THAT ANY FALSE STATEMENT OR MATERIAL OMISSION MAY BE SUBJECT TO LEGAL PENALTIES.

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X

Date

CCRI Individual Authorized to Receive