| **Purchase Order for the supply of Goods and/or Services** |
| --- |
| **Master Supply Agreement**  | Purchase Order Number: |  |
| Date: |  |
| This is a Purchase Order made under the Master Supply Agreement (Short Form) with the Supplier and the NSW Government Department of Finance and Services (**MSA**). Once signed by both parties, this Purchase Order forms a 'Contract' for the purposes of the MSA. |
| **Customer** | Name: | [*insert name of Customer*] |
| Address and contact details: | [*insert address of Customer and phone & fax numbers*] |
| ACN/ABN: | [*insert Customer ACN/ABN*] |
| **Supplier** | Name: | [*insert name of Supplier*] |
| Address and contact details: | [*insert address of Supplier and phone & fax numbers*] |
| ACN/ABN: | [*insert Supplier ACN/ABN*] |
| **Goods (Equipment or Infrastructure)** | [***Describe, including referring to Category/Sub-Category in Sch.1 (e.g. A1, B5) or state*** *"****Not applicable****"*] |
| **Services** | [***Describe, including referring to Category/Sub-Category in Sch.1 (e.g. C11) or state*** *"****Not applicable****"*] |
| **Dates** | Services Start Date |  |
| Services End Date |  |
| **Contract Meeting Cycle** | 🞎 Monthly 🞎 Weekly🞎 As Required |
| **Small Business** | 🞎 [***Tick box if the Supplier is a Small Business***] |
| **Contract Sum** | $[***insert***] or as per the attached [***insert name of Contract Document***] |
| **Payment Terms** | 🞎 As per the attached Payment Schedule🞎 Monthly in arrears🞎 As per the letter dated [***insert date***]🞎 Upon acceptance of the Goods |
| **Delivery Date** | Deliverable | Date |
|  |  |
|  |  |
| **Delivery Location** |  |
| **Services Location** |  |
| **Warranty Period** | ***[insert****]* months/years  |
| **Spares Availability Period** | ***[insert****]* months/years |
| **Liquidated Damages** | [***specify Liquidated Damages payable and over what period, or state "Not applicable****"*] |
|  |  |  |
|  |  |  |

**EXECUTED** as an agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed for and on behalf of [insert name of Customer]** by [insert name of Customer's Authorised Representative] but not so as to incur personal liability |  |  |  |
|  |  |  |  |
| Print Name |  | Signature of Customer Representative |  |
|  |  |  |  |
| Date |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed for and on behalf of [insert Supplier's name and ACN/ABN]** by [insert name of Supplier’s Authorised Representative] but not so as to incur personal liability |  |  |  |
|  |  |  |  |
| Print Name |  | Signature of Authorised Signatory |  |
|  |  |  |  |
| Date |  |  |  |