



FULLY EXECUTED - REPRINT
Purchase Order No: 4300764159
Original PO Effective Date: 03/02/2023
PO Issue Date: 10/31/2023
Valid From: 03/02/2023 To 10/31/2024

Your SAP Vendor #: 155941

Please Deliver To:
Executive Branch
Rm 508 Main Capitol
Harrisburg PA 17120 US

Supplier Name/Address:
DEERFIELD BEHAVIORAL HEALTH
1003 PENNSYLVANIA AVE W
WARREN PA 16365-2201 US

Please Bill To:
Save time, reduce cost, get paid faster:
Email PDF invoice to 69180@pa.gov
<https://www.budget.pa.gov/Programs/Pages/e-Invoicing.aspx>

Supplier Phone Number: 814-723-5545
Supplier Fax Number: 814-723-6355

Or mail paper invoice to:
Commonwealth of Pennsylvania
PO Box 69180, Harrisburg, PA 17106

Purchasing Agent
Name: Matthew Sumosky
Phone: 814-726-4496
Fax: 814-726-4452

Purchase Order Description:
9410 CRNP Psychiatrist WSH 2110

This Purchase Order is comprised of: The above-referenced Solicitation, the Suppliers Bid or Proposal, and any documents attached to this Purchase Order or incorporated by reference.

Suppliers must provide four mandatory elements on PO invoices: PO Number, Invoice Date, Invoice Number, and Invoice Gross Amount. Failure to comply will result in the return of the invoice. Additional optional information such as supplier name, address, remit to information and PO Line Item information will improve invoice processing.

Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
1	CRNP Psychiatrist Services	320.000	Hour	03/03/2023	125.00	1	40,000.00
Item Text 03/01/2023 - 06/30/2023							
2	CRNP Psychiatrist Services	320.000	Hour	07/01/2023	125.00	1	40,000.00
Item Text 07/01/2023 - 10/31/2023							
3	CRNP Psychiatrist Services	640.000	Hour	11/01/2023	125.00	1	80,000.00

Information:	Total Amount: SEE LAST PAGE FOR TOTAL OF ALL ITEMS
	Currency: USD

Supplier's Signature _____	Title _____
Printed Name _____	Date _____



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Supplier Name:
DEERFIELD BEHAVIORAL HEALTH

Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
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Item Text
11/01/2023 - 06/30/2024

4	CRNP Psychiatrist Services	320.000	Hour	07/01/2024	125.00	1	40,000.00
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Item Text
07/01/2024 - 10/31/2024

General Requirements for all Items:

Header Text

All matters regarding billing and invoicing should be referred to:

Contact
Accounting Office
Warren State Hospital
33 Main Drive, Center Building
Warren, PA 16365
(814) 726-4337

Payment Provision: The contractor will be reimbursed only for commodities/services actually accepted by the Commonwealth of Pennsylvania.

The contractor shall be paid upon satisfactory delivery/completion of work performed, and submission of an invoice on the contractor's letterhead. The invoice should contain at minimum the information listed on the sample invoice provided at <http://www.dgsweb.state.pa.us/comod/CurrentForms/SampleSupplierInvoice.doc>

The invoice for payment is to be emailed to:
69180@pa.gov or mailed to:
Commonwealth of PA – PO Invoices
P.O. Box 69180
Harrisburg, PA 17106

A copy of the invoice should also be mailed to:
Warren State Hospital
33 Main Drive, Center Building
Warren, PA 16365
Attn: Accounting

No further information for this PO.

Information:

Total Amount:
200,000.00

Currency: USD