



FULLY EXECUTED - CHANGE 2 - REPRINT
Purchase Order No: 4300773489
Original PO Effective Date: **05/18/2023**
PO Change Date: 12/04/2023
PO Issue Date: **12/04/2023**
Valid From: 05/19/2023 To 03/31/2024

Your SAP Vendor #: 118640

Please Deliver To:
Wernersville State Hospital
160 Main Street
Wernersville PA 19565 US

Supplier Name/Address:
ROMAN CATHOLIC DIOCESE OF ALLENTOWN
P.O. Box F
ALLENTOWN PA 18105-1538 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: 610-871-5200

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

Purchasing Agent

Name: Kelly Beers
Phone: 610.670.4128
Fax: 610.670.4103

Purchase Order Description:
9411 Chaplain Services Calender Yr 22/23

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	CHAPLAIN SERVICESCATHOLIC SSU A UNITS	400.000	Hour	05/18/2023	40.00	1	16,000.00
Item Text Term 5/18/2023 to 6/30/2023							
2	CHAPLAIN SERVICESCATHOLIC SSU A UNITS	1,000.000	Hour	07/01/2023	40.00	1	40,000.00
Item Text Term 7/1/2023 to 3/31/2024							

Information:

Total Amount:
SEE LAST PAGE FOR TOTAL OF ALL ITEMS

Currency: USD

Supplier's Signature _____

Title _____

Printed Name _____

Date _____



FULLY EXECUTED - CHANGE 2 - REPRINT
Purchase Order No: 4300773489
Original PO Effective Date: **05/18/2023**
PO Change Date: 12/04/2023
PO Issue Date: **12/04/2023**
Valid From: 05/19/2023 To 03/31/2024

Supplier Name:
ROMAN CATHOLIC DIOCESE OF ALLENTOWN

General Requirements for all Items:

Header Text

PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKING SLIPS, INVOICES, AND CORRESPONDENCE.

Quantities listed are estimates and may increase or decrease based on the needs of the facility.

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

Failure to submit invoices in compliance with the following instructions will result in the invoices being returned to the contractor and will substantially delay processing of payments. 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 – Supplier

Sample Invoice can be found at
<http://www.dgsweb.state.pa.us/comod/CurrentForms/SampleSupplierInvoice.doc>

Invoices are to be submitted monthly to the requisitioning agency comptroller at the following address:

Commonwealth of Pennsylvania- PO Invoice

PO Box 69180

Harrisburg, PA 17106

By Email:

RA-OB69180@pa.gov

This invoice will be used to verify that work has been completed.

A copy of the invoice should also be sent to:

Wernersville State Hospital

160 Main Street

Attn: Accounting

Wernersville, PA 19565-0300

Questions, Status updates and/or delivery updates regarding this PO should be directed to:

M. Weinus

610-927-4700

mweinus@pa.gov

No further information for this PO.

Information:

Total Amount:

56,000.00

Currency: USD