

<b>CONTRACT AWARD</b>	<b>STATE OF ALASKA</b> Division of General Services (Contracting Authority)	<b>CONTRACT AWARD NUMBER</b>
	<input checked="" type="checkbox"/> 333 Willoughby Avenue / 7th Floor P.O. Box 110210 Juneau, Alaska 99811-0210	<input type="checkbox"/> 2400 Viking Drive Anchorage, AK 99501

ORDERING DEPARTMENT:	COMMODITY CODE	DATE OF CONTRACT
	NUMBER & PERIOD OF RENEWAL OPTIONS	PR NO. / DATE ASSIGNED
	DATE INITIAL CONTRACT BEGINS	DATE INITIAL CONTRACT ENDS

CONTRACTOR: ADDRESS:  CONTACT NAME: TELEPHONE NUMBER:    FAX:	GS VENDOR CODE:	FED. TAX ID #:
	ISSUED IN ACCORDANCE WITH BID #:	DATED:
	PRICE ADJ. REQ. PRIOR TO EACH:	
	CPI/PPI BASE INDEX POINTS & MO/YR:	
	REVIEW DATE:	RENEWALS EXPIRE (MO/YR):
ESTIMATED VALUE OF INITIAL TERM: \$		REBID:

**SEND INVOICE IN DUPLICATE TO:**  Ordering Department    OR     As Specified in Description

**NOTE:** This order constitutes a binding commitment between the State and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the contracting authority will result in a financial obligation on the contractor and/or unauthorized State personnel making the change.

**DESCRIPTION**

CONTRACTING AUTHORITY NAME <b>Choose Name</b>	TITLE <b>Contracting Officer</b>	SIGNATURE
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TELEPHONE NUMBER: <b>(907) 465-XXXX</b>	PAGE 1 OF
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**IMPORTANT:**

- CONTRACT AWARD NUMBER AND ORDERING DEPARTMENT NAME MUST APPEAR ON ALL INVOICES AND DOCUMENTS RELATING TO THIS ORDER.
- THE STATE IS REGISTERED FOR TAX FREE TRANSACTIONS UNDER CHAPTER 32, IRS CODE, REGISTRATION No. 92-6001185. ITEMS ARE FOR THE EXCLUSIVE USE OF THE STATE AND NOT FOR RESALE.

**DISTRIBUTION:** ORIGINAL TO CONTRACTOR  
 ONE COPY TO JUNEAU GENERAL SERVICES  
 ONE COPY TO RECEIVING DEPARTMENT SUPPLY SECTION