



Computing Solutions  
Built for Government & Education™  
www.CDWG.com

# REQUEST FOR VERBAL PURCHASE ORDER

Date December 29, 2016 Customer Account # 11230937

Requestor Name David Kelley Customer Name Town of Fairfield

Billing Address Attn: IT Department 725 Old Post Rd, Fairfield, CT 06824

A/P Contact Iris McGeehan A/P Phone # 203-256-3065

Purchasing Phone # ( 203 ) 256-3060 Fax # ( 203 ) 256-3080

**Purchase Order Type to be used (check one)**

**Authorized Purchasers**

- CDW-G default—the date the order is placed David Kelley
- Customer Blanket PO # \_\_\_\_\_ (specify) \_\_\_\_\_
- Exp date of Blanket PO # \_\_\_\_\_
- Dollar limit of Blanket PO # \_\_\_\_\_
- Sequential number with digits (ie. 564962, 564963, etc.) \_\_\_\_\_
- Prefix with sequential number (ie. APO91345) \_\_\_\_\_
- Other (must be specific) \_\_\_\_\_

1. The customer must have placed at least one order using a valid company purchase order.
2. Verbal purchase orders will only be accepted from the authorized individuals listed above.
3. Verbal purchase orders are only valid up to ~~\$50,000~~ Orders over this dollar amount will require written purchase order.
4. All verbal purchase orders are subject to CDW's "net 30" day terms policy.
5. Any payment problems resulting from the use of verbal purchase orders will cause this privilege to be revoked.
6. This agreement must be signed and accepted by the customer's Purchasing Manager and the Accounts Payable Manager.

*\$3,000<sup>00</sup> GF*

**By signing this, I understand and agree to the above policies:**

Purchasing Manager *Gerald Foley* Print Name Gerald Foley *12/29/2016*

Accounts Payable Manager *C. Boss* Print Name ~~Iris McGeehan~~ *Caitlin Boss*

**INTERNAL USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Customer's Account Manager \_\_\_\_\_ Ext. \_\_\_\_\_