



STATE OF NEBRASKA
 NEBRASKA DEPARTMENT OF EDUCATION
DIRECT PURCHASE AUTHORIZATION

PROVIDER

DPA #:

DATE:

ABN:

DELIVER TO:

SEND INVOICE TO:

CONTACT:

PHONE:

Item	Description	Quantity	Unit	Unit Price	Amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Reason for Purchase:	Total
	*Shipping
	Total Purchase
	<small>*Shipping & Handling will be paid at invoice.</small>

Quotes:	Order Information/Confirmation #

Authorizing Signature
Date
Goods received, quantity and quality verified.
Date

Payment Terms: Acceptance of this Direct Purchase Authorization (DPA) constitutes your agreement to sell the items listed at the quantity and price per unit indicated. If the price listed is inaccurate, please contact us prior to filling the order. Payment cannot exceed the amount authorized on this DPA. Acceptance of this DPA constitutes your agreement that you are committed to providing a drug free work place environment.