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San Francisco Estuary Partnership Bay Area-wide Trash Capture Project

Purchase Order

USE ONE FORM PER VENDOR. THIS PURCHASE ORDER IS NOT FINAL UNTIL APPROVED BY THE ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG).

P.O. no. *(city/county name + 4-digit number)* _____ Date: _____

Examples: Alameda0001; AlamedaCounty0001

City/County:

Representative:

Address:

City: Zip:

Phone: Fax:

Email:

Kristar Enterprises, Inc.
Tax ID: 68-0343884
Representative: Sue Lillo
360 Sutton Place
Santa Rosa CA, 95407
800-579-8819 Fax: 707-524-8186
Email: slillo@kristar.com

Special Conditions:

Total price *(from entries on following page)* 0.00

Tax

Shipping/Delivery, *(if n/a, input 0)*

TOTAL 0.00

Approved by: Date:
(Signature of municipal representative)

Name (print): Phone:

Approved by: Date:
(Signature of vendor representative, may be different from above)

Name (print): Phone:

Approved by: Date:
(ABAG)

Order Details Select devices and installations using PDF documents packaged with this form (sizing/prices) and drop down menus. Use additional forms if necessary.

Item No.	Device ID No.	Description/Model CBFI* =catch basin filter insert	Location *Examples: 1515 Clay St. Oakland, CA or 16th St. and Clay St. Oakland, CA*	Estimated Delivery Date *mm/dd/yy*	Installation	Unit Price
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