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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | State Contract Order FormSection 1*Doc Type: Contract* |

*This form is to be completed by the MPCA Contractor when hiring a State Contractor.*

***Note to MPCA Project Managers:*** *If the project is estimated to be $5,000 or more, prior to hiring a State Contractor for any Service Project, the MPCA Project Manager must document that State Employees are not able and available to perform the service on a specific Service Project. A Service Contract Certification Form must be completed by the MPCA Project Manager and approved prior to the project being offered to a State Contractor.*

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| --- | --- | --- | --- | --- | --- |
| State Contract title: |       | State Contract #: |       | State Contract Release #: |       |
| MPCA purchase order #: |       | Project name: |       |

## State Contractor information

|  |  |
| --- | --- |
| Contractor name: |       |
| Address: |       |
| Contact name: |       | Phone: |       | Vendor quote no.: |       |
|  | (if applicable) |

## Supplemental terms

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| 1. | Show the State Contract number on invoice and all tags, packages, and correspondence. |
| 2. | This MPCA State Contract Order Form incorporates by reference all terms, conditions, and specifications of the Contract, the RFP/RFB and vendor’s response. In case of a conflict in terms, the order of precedence shall be: First; this MPCA State Contract Order Form, second; the RFP/RFB, third; the vendor’s response. |
| 3. | All deliveries/services hereunder shall comply with all applicable state of Minnesota and federal laws. |
| 4. | Invoicing must match line items on the MPCA State Contract Order Form. |
| 5. | Notwithstanding any language to the contrary herein, the  |       | shall be solely |
|  | responsible for the payment of the amounts payable by the state of Minnesota under this MPCA State Contract Order Form,  |
|  | As provided in MPCA Contract No. |       | The MPCA Contractor’s responsibility under this State Contract  |
|  | Order Form is to make payments of amounts due hereunder, and as provided in requests for payment submitted and approved by the State. |
| 6. | If State Contract requires prevailing wage, the State Contractor must submit prevailing wage payroll information to Prevailingwage.pca@state.mn.us. See specific State Contract Release for details. |

## Ship to information

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Contact name: |       | Phone: |       | Discount terms: |       |
| Ship via: |       | Freight terms: |       | Requested delivery: |       |

Bill to information

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Contact name: |       | Phone: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Line** | **Description** | **Quantity** | **Unit** | **Unit price** | **Amount** |
|    |       |       |       |       |       |
|    |       |       |       |       |       |
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| *Add additional rows as needed by placing cursor in last row in the last column and clicking Tab key.* | **Order total** |       |

|  |  |  |  |  |
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| MPCA Contractorname (print):  |       |  | State Contractor name (print): |       |
| Signature: |  |  | Signature: |  |
| Date: |       | Phone: |       |  | Date: |       | Phone: |       |
| MPCA contract number: |       | Work order number: |       |