
PURCHASE ORDER PROCEDURE

Rent: A purchase order (P.O.) will be written (see form #1, P.O. #26370). The P.O. has 4 parts. The white copy (Vendor copy) will be completed with the name and address of the vendor; the “Ship to” section contains the words General Assistance (GA) as well as the client’s name. The upper left hand corner contains the account number (rent) and the total \$ amount for this particular P.O. This page as well as the gold page (Receiving Copy) will be mailed to the vendor. The yellow copy (Finance Dept.) is forwarded to the Finance Department (Accounts Payable). The GA Director will retain the pink copy (Department Copy). The gold copy as mentioned previously will also be given to the vendor (see form #2). This page contains a section to be completed by the rental agent certifying that only the client occupies the unit. It then requires the rental agent to sign and date. This gold copy is to be returned to GA along with an itemized bill. Once the gold copy of the P.O. is received, along with an itemized bill (form #3), it is stamped, dated, okayed by the GA Director and forwarded to Accounts Payable for payment. see form #4).

Groceries/Medications/CMP/Oil Vendors: Other P.O.’s for vendors such as grocery stores/pharmacies/Wal-Mart/oil companies/CMP are completed in the same fashion (see form #5 Purchase Order #34586. In this example, the P.O. will be completed in the same way as before. The name and address of the vendor, the “ship to” section contains the words General Assistance as well as the client’s name. The description section will state: groceries; oil for residence at (give complete address of client); medications (list the medications and the Medicaid rate); personal items; clothing; electricity for (give the complete address of the client as well as their CMP account number and the name that shows on the bill). With any food purchases, I also write tax exempt, no alcohol or tobacco (see form #6) and I attach a list of “non-allowable snack items” to the P.O.(see form #7). In the case of personal items, I attach a list of allowable items. In this particular case, either the white copy is given to the client, or in the case of CMP, the white copy is forwarded to the vendor (CMP). I have also spoken to CMP and advised them of the amount to be paid by GA and have informed them of the P.O. number. The yellow copy is given to Accounts Payable and the GA Director retains the pink and gold copy. Once the bill is received, the gold copy is stamped, dated and okayed by the GA Director and forwarded to Accounts Payable for payment. (see form # 8).

Rockland has only one person in Accounts Payable. She is the only person who sees this P.O. and would have knowledge of the client’s name. She has already been advised as to confidentiality.

Brenda Harrington
General Assistance Director
City of Rockland

| ACCOUNT CODE | AMOUNT |
|--------------|----------|
| 07510 - Rent | \$110.00 |
| | |
| | |

| ACCOUNT CODE | AMOUNT |
|--------------|--------|
| | |
| | |
| | |

| FINANCE DEPT USE ONLY | |
|------------------------|-----------------|
| VENDOR CODE NO. | |
| DELIVERY DATE | REC'D/APPRVD BY |
| CUST INVOICE NO. | DATE TO BE PAID |



CITY OF
ROCKLAND, MAINE

4 UNION STREET P.O. BOX 546
ROCKLAND, MAINE 04841
TELEPHONE (207) 594-0307
FAX (207) 594-9481

PURCHASE ORDER

IMPORTANT!
ORIGINAL INVOICE PLUS
PURCHASE ORDER NUMBER
ARE ESSENTIAL FOR
PAYMENT.

26370

PLEASE SEND 3 COPIES OF INVOICE WITH
THE ORIGINAL BILL OF LADING

RODNEY V

DR. Seuss
Keverland Street
Rockland ME 04841

FOR DEPT OR AGENT

ADDRESS General Assistance
Mrs. Nita Place

| DATE REQUIRED | SHIP VIA | TERMS | ORDER DATE | |
|---|----------|--|------------|-------|
| | | | | |
| QUANTITY ORDERED | REC'D | DESCRIPTION | UNIT PRICE | TOTAL |
| | | Nita Place (room rent) 4-27-98-5 4-98 | | 55.00 |
| | | Nita Place (room rent) 6-5-98-1 1-12-98 | | 55.00 |
| <p>Statement to be signed by owner/rental agent: In accepting payment, I hereby certify that this unit is occupied by ONLY the following people: (list all members of household):</p> <p>Nita Place</p> | | | | |
| <p>To the best of my knowledge, no one else resides there or appears to reside there either full or part time:</p> <p>Signed: <u>Dr. Seuss</u> Owner/Rental Agent</p> <p>Date: <u>9/14/98</u></p> | | | | |

NOTICE TO VENDOR
No change may be made if any provisions of this service and expense order without written notice to the authorized agent. Substitutions must NOT be made if unable to fill order EXACTLY in accordance with specification, description and price, notify authorized agent immediately.
GBF # PUO QQ1 (5/93)

Signature of Dept Head: [Signature] DATE: 9/14/98

TOTAL \$110.00
DO NOT CHARGE STATE SALES TAX.
FED. TAX EXEMPTION NO. 0170012K

RECEIVING COPY



DR. Seuss
Neverland St.
Rockland ME
04841

6-6-98

City of Rockland
Board of Assessors
Rockland ME 04841

Please Remit \$ 110.00 for the following person staying
at the Brewster Room.

| | | |
|------------|-------------------|-----------|
| Nita Place | 4-27-98 TO 5-4-98 | \$ 55 |
| Nita Place | 6-5-98 TO 6-12-98 | 55 |
| Total Due | | \$ 110.00 |



6/12/98
bmm
O.K.

CITY OF ROCKLAND • ROCKLAND, MAINE 04841-0546

| INVOICE DATE | INVOICE NO. | GROSS AMOUNT | DISCOUNT | DISCOUNT AMT. | NET AMOUNT |
|----------------|-------------|--------------|-----------|---------------|------------|
| 04/27/98 | 26360 | 55.00 | P0:026360 | 10052 07500 | 55.00 |
| 06/05/98 | 26361 | 55.00 | P0:026361 | 10052 07500 | 55.00 |
| * * TOTALS * * | | | | | 110.00 |

* * TOTALS * * 072955 BRUNSWICK HOUSE



City of Rockland

270 PLEASANT STREET • PO BOX 546
ROCKLAND, MAINE 04841-0546

CHECK NUMBER **056950**

KEY BANK OF MAINE
ROCKLAND, MAINE 04841

52-60
112-01

This check must be presented for payment within 60 DAYS from date.

| VENDOR | CHECK DATE | CHECK AMOUNT |
|--------|------------|--------------|
| 072955 | 06/30/98 | *****110.00 |

Dr. Seuss

PAY TO THE ORDER OF
Everland Street
ROCKLAND, ME 04841

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈056950⑈ ⑆011200608⑆10 020⑈0303 1⑈

| ACCOUNT CODE | AMOUNT |
|--------------|--------|
| Food | 135 |
| Personal | 37 |
| | |
| | |

| ACCOUNT CODE | AMOUNT |
|--------------|--------|
| | |
| | |
| | |

| FINANCE DEPT USE ONLY | |
|------------------------|------------------|
| VENDOR CODE NO. | |
| DELIVERY DATE | REC'D/APPRY'D BY |
| CUST. INVOICE NO. | DATE TO BE PAID |



CITY OF
ROCKLAND, MAINE

270 PLEASANT ST. P.O. BOX 546
ROCKLAND, MAINE 04841
TELEPHONE (207) 594-0307
FAX (207) 594-9481

PURCHASE ORDER

IMPORTANT!
ORIGINAL INVOICE PLUS
PURCHASE ORDER NUMBER
ARE ESSENTIAL FOR
PAYMENT.

34586

PLEASE SEND 3 COPIES OF INVOICE WITH
THE ORIGINAL BILL OF LADING

VENDOR

Shop 'n Lose
Yellow Brick Rd.
Rockland

FOR DEPT OR AGENT

ADDRESS
General Assistance
Mt. Gotta Eat

| DATE REQUIRED | SHIP VIA | TERMS | ORDER DATE |
|---|---|------------|------------|
| | | | |
| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| ORDERED | REC'D | | |
| | Food: (Alcohol & tobacco not allowed) See attached list | | \$135 |
| | Personal items (see attached list) | | \$37 |
| | Tax Exempt | | |
| BILL MUST BE PRESENTED FOR PAYMENT WITHIN 30 DAYS. | | | |

NOTICE TO VENDOR
No change may be made if any provisions of this
service and expense order without written notice to
the authorized agent. Substitutions must NOT be
made if unable to fill order EXACTLY in accordance
with specification, description and price. notify
authorized agent immediately.
GBF # PUO Q Q 1 (5/93)

Brenda Harrington 9/14/98
SIGNATURE OF DEPT. HEAD DATE

Gen Assist

TOTAL \$172

DO NOT CHARGE STATE SALES TAX
FED. TAX EXEMPTION NO. 0170012K

VENDOR

Not Allowed

"SNACK FOODS"
Includes but is not limited to
the following under Maine's
Expanded Sales Tax:

- Breakfast Bars
- Brownies
- Cakes
- Candy
- Cheese Puffs
- Cheese Sticks
- Chips (potato, nacho, tortilla, corn etc.)
- Cookies
- Crackers, including cheese 'n crackers
and peanut butter 'n cracker snacks
- Croissants
- Dessert Breads, i.e. banana, pumpkin and
date nut breads.
- Dips
- Doughnuts
- Drinks containing no fruit or vegetable juice
i.e. Gatorade or 10-K
- Frozen Novelties
- Frozen Yogurt
- Fruit Rolls
- Fruit Snacks
- Fruit Bars
- Granola Bars
- Gum
- Ice Cream
- Ice Milk Products
- Ice Cream Sauce and Toppings, including Chocolate syrup
- Ice Cream Cones
- Ice Cream Novelties
- Iced Tea, instant and pre-mixed
- Marshmallow Creme
- Marshmallows
- Meat Sticks (Beef Jerky, Slim Jims, etc.)
- Muffins, except English Muffins
- Natural Food snacks, i.e. Trail Mix, Yogurt covered Raisins,
Carob coated products, etc.
- Pastries, i.e. Cinnamon Rolls, Fritters, Cream Horns,
Turnovers, etc.
- Pies
- Popcorn Cakes
- Popped Popcorn
- Potato Sticks
- Pork Rinds
- Powdered and liquid drink mixes, except powdered milk and
infant formula
- Pretzels
- Ready-to-eat-pudding
- Rice Cakes
- Roasted Nuts
- Sherbert
- Toaster Pastries

No

TAX EXEMPT

Selection must be for the maintenance or sanitation of the home or
for personal hygiene and health.

HOUSEHOLD/PERSONAL CARE

TAX EXEMPT

TAX EXEMPT

CITY OF ROCKLAND • ROCKLAND, MAINE 04841-0546

| INVOICE DATE | INVOICE NO. | GROSS AMOUNT | DISCOUNT | DISCOUNT AMT. | NET AMOUNT |
|----------------|-------------|--------------|-----------|---------------|------------|
| 03/18/98 | 34568 | 122.00 | PO:034568 | 10052 07500 | 122.00 |
| 04/17/98 | 34573 | 48.56 | PO:034573 | 10052 07500 | 48.56 |
| * * TOTALS * * | | | | | 170.56 |



City of Rockland

270 PLEASANT STREET • PO BOX 646
ROCKLAND, MAINE 04841-0546

CHECK NUMBER **056419**

REV. BANK OF MAINE
ROCKLAND, MAINE 04841

This check must be presented for payment within 90 DAYS from date.

| VENDOR | CHECK DATE | CHECK AMOUNT |
|--------|------------|--------------|
| 492000 | 05/06/98 | *****170.56 |

ROCKLAND SUPER SHOP 'N SAVE
75 MAVERICK STREET

Lose

TO THE ORDER OF: ROCKLAND, ME 04841

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑆056419⑆ ⑆011200608⑆ ⑆10 020⑆⑆0303 1⑆