



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Subcontractor Construction Purchase Order Form

Construction Projects up to \$50,000 for MPCA Contracts
Section 3

Doc Type: Contract

This form to be used by the Minnesota Pollution Control Agency (MPCA) Contractor when hiring a Construction Contractor only.

Contract title: _____ Contract number: _____

MPCA work order number: _____ Project Name: _____

Subcontractor Information

Subcontractor name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____ Vendor quote no.: _____

Supplemental Terms

1. Show the Contract number on invoice and all correspondence.
2. This MPCA Subcontractor Construction Purchase Order Form incorporates by reference all terms, conditions, and specifications of the solicitation and vendor's response. In case of a conflict in terms, the order of precedence shall be: First; this MPCA Subcontractor Construction Purchase Order Form, second; the RFB, third; the vendor's response.
3. All deliveries/services hereunder shall comply with all applicable State of Minnesota and federal laws.
4. Invoices must match line items on the MPCA Subcontractor Construction Purchase Order Form.
5. Notwithstanding any language to the contrary herein, the Contractor, _____ shall be solely responsible for the payment of the amounts payable by the State of Minnesota under this MPCA Subcontractor Construction Purchase Order Form, as provided in MPCA Contract No. _____. The MPCA Contractor's responsibility under this MPCA Subcontractor Construction Purchase Order Form is to make payments of amounts due hereunder, and as provided in requests for payment submitted and approved by the State.

Ship to Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____ Discount terms: _____

Ship via: _____ Freight terms: _____ Requested delivery: _____

Bill to Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

Line	Description	Quantity	Unit	Unit price	Amount
Order total					

(Payment. The Contractor shall provide an IC 134 – Withholding Affidavit for Contractor to the State agency along with the request for final payment/invoice. Submit Excel Prevailing Wage Payroll Information Forms to the following email address: prevailingwage.pca@state.mn.us.)

Signature: _____

MPCA Contractor name (please print): _____ Date: _____

MPCA Contract number: _____ Work order number: _____