**SCHOOLS MENTAL HEALTH FUND AND MENU**

**PURCHASE ORDER**

**Under**

**Standing Offer to provide Services to Schools dated [insert date]**

**Part 1 – REQUEST FOR SERVICES**

**Request Date:** [#Insert date of School’s request for Quote]

**Parties to Purchase Order:**

|  |  |
| --- | --- |
| **School Council** |  |
| * Name
 | [#Insert] |
| * ABN
 | [#Insert] |
| * Address
 | [#Insert] |
| **School Representative** |  |
| * Name
 | [#Insert] |
| * Title
 | [#Insert] |
| * Telephone
 | [#Insert] |
| * Email
 | [#Insert] |
| **Term of Purchase Order** |  |
| * Commencement Date
 | [#Insert] |
| * Completion Date
 | [#Insert] |
| **Supplier** |  |
| Name |  |
| ABN |  |
| Address |  |
| **Supplier Representative** |  |
| * Name
 |  |
| * Title
 |  |
| * Telephone
 |  |
| * Email
 |  |

**PART 2 – QUOTE**

**Documentation containing Quote:**

[#Supplier to insert document containing Quote and attach to Purchase Order’]

**Services and Fees**

**Services:**

[#Supplier to insert details of all services offered to the School.]

**Fees:**

[#Supplier to insert details of all Fees by reference to the Price Schedule in the Agreement between the Department and the Supplier]

**PART 3 – ACCEPTANCE OF QUOTE**

The School accepts the above Quote and on return of this signed Purchase Order to the Supplier a binding Purchase Order Contract is formed, to be read in accordance with the Agreement for the Provision of Services to Victorian Government Schools pursuant to which this Purchase Order has been completed.

**School Representative:**

Signature: ………….……………………………

Name: …………………….…………………

Position: …………………….…………………