State of Minnesota Department of Employment and Economic Development Vocational Rehabilitation Services

Purchasing Authorization

This Purch	asing Authorization is for:	For the following services or	For the following services or goods:		
Record ID:	203142298	Authorization/ 50291938 Purchase Order:	38		
Name:	Scarlett Pine	Issue Date: 06/01/202	22		
		Service Dates: 06/01/202	22 - 06/30/2022		
Service Vendor:		Remit To Vendor:			

Pathways to Success Pathways to Success

1 MAIN ST 1 MAIN ST

ST PAUL, MN 55101 ST PAUL, MN 55101

SWIFT ID: 0000813835001 **SWIFT ID:** 0000813835001

FAX: (651) 222-2426

BEFORE providing services or goods costing more than "Total Price" per line or "Total Purchase Amount" OR that are beyond service dates, check with staff listed below for approval.

Purchase Information: Authorized by: Shelly Rose

# of Units: UOM	Description	Service Type: Title	Unit Price	Total Price
20.00 HOUR	Work Experience - Services	Pre-ETS Work-Based Learning: Work Experience - Services	\$95.000	\$1900.00
	Work Experience - Wages (Wages $$11/Hour + 50\%$ ($$5.50$) = $$16.50/hour$)	Pre-ETS Work-Based Learning: Work Experience - Wages	\$16.50	\$1320.00
Total Purchase Amount				

Comment:

CFP: Contract ID: 0000121111

Bill To: Ship To:

Shelly Rose No Shipping Information

Vocational Rehabilitation Services

332 Minnesota St St Paul MN 55101

Phone: (651) 501-6300 (Work)

FAX: (651) 501-6377

E-mail: Invoices.AdminVR.DEED@state.mn.us.xx

Note to Vendor:

Please provide the services/commodities listed above. This document is your guarantee of payment up to the amount stated, at the time the services are completed/commodities are delivered to the satisfaction of the authorizing agency.

NOTE: INVOICES MUST BE SUBMITTED WITHIN 90 DAYS FROM THE END DATE OF THE WORK AUTHORIZATION. INVOICES NOT SUBMITTED WITHIN 90 DAYS FROM THE END DATE OF THE WORK AUTHORIZATION WILL BE CONSIDERED A MATERIAL BREACH OF CONTRACT. THIS WILL RESULT IN NON-PAYMENT OF THAT SERVICE.

Show the authorization number on invoices, packages and correspondence.

All deliveries hereunder shall comply with all applicable State of Minnesota and Federal laws.

Invoicing must match line items on the authorization.

Payment terms are Net 30 unless a discount is offered for early payment.

STATE OF MN HOLDS DIRECT PAY PERMIT 1114, ISSUED JULY 1, 1995 AND PAYS TAX DIRECTLY TO REVENUE. DO NOT CHARGE SALES TAX. Agency is exempt from MN Care Tax MS295.53

Federal Tax ID 41-6007162 MN Tax ID 009000001

Staff Entering: Laura J Cheney Page 1 of 1 Fund Stream: Pre-ETS 2022 Phone Number: (952) 210-2467 (Work) Auth Number: 5029193838