



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
OFFICE OF STATE PROCUREMENT

DELIVERY/INVOICE ADDRESS MAINTENANCE

Complete this form and submit to your agency's approval official.

Type of Maintenance

- New
- Change
Delivery/Invoice Number _____
- Delete

Delivery/Invoice Information

Agency Name: _____
Business Area: _____
 Delivery Address
 Invoice Address

Address Information

Street Address: _____

City: _____ State: _____ Zip Code: _____
County: _____ Check if address is not within city limits

Agency Contact Information

Requester's Name: _____ Phone Number: _____
Requester Email: _____
Agency Name: _____ Agency Number: _____