NEURODIVERSE CONFIDENT SUPPORT SERVICES

Purchase Order

[Drafting note: please complete all parts of this Purchase Order and delete all drafting notes before sending to the Supplier.]

**Supplier Name and ACN / ABN:** [Drafting note: insert supplier name, ACN and ABN]

**Address of Supplier:** [Drafting note: insert supplier address]

**State Purchasing Entity:** [Drafting note: insert State purchasing entity name]

**Date:** [Drafting note: insert start date of the agreement]

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| **1** | **NATURE OF SERVICES REQUIRED** | |
| 1.1 | **Category** (see Schedule 1 of the Agreement for the provision of Autism Support Services executed by the State of Victoria through the Victorian Public Sector Commission and Supplier): | Part 1 – Counselling Services  Part 2 – Workplace Enablement |  |
| 1.2 | **Services Description**: [Drafting note: insert services description] | |
| 1.3 | **Attachments**  [Drafting note: insert the name of any supporting documents or attachments] | |

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| **2.** | **DELIVERY TIMEFRAME** | |
| 2.1 | **Date Services commence:** | [Drafting note: insert service start date] |
| 2.2 | **Date for completion of Services:** | [Drafting note: insert service completion date] |
| 2.3 | **Extension period(s):** | [Drafting note: insert extension periods] |

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| **3.** | **FEES AND INVOICING** | | |
| 3.1 | **Fees** | | [**Drafting note:** Insert details of rates and fees including the Services to be provided. This item should include:  the GST exclusive price;  the GST payable;  whether the fee is fixed or how it is to be calculated; and  the total cost for the Services.]  Click here to enter text. |
| 3.4 | **Nature of expenses/disbursements required by Supplier (if any):** | | The Supplier may recover expenses and/or disbursements in relation to the Services  [**Drafting note:** Tick above if the Supplier may recover expenses and/or disbursements in relation to the Services.]  If the box above is ticked, the Supplier may recover expenses and/or disbursements in relation to the Services in accordance with the requirements in clauses 3(d) and 3(e).  The Supplier may not recover expenses and/or disbursements in relation to the Services |
| 3.5 | **Cap on expenses/disbursements (if any):** | | [Drafting note: insert the maximum payable for expenses or disbursements incurred by the supplier] |
| 3.7 | **Invoicing Requirements:** | | Invoice requirements:  [**Drafting note:** Include any information that must be contained within the invoice. If invoices are not to be submitted following acceptance of the Services/deliverables, state when the Supplier must invoice the State Purchasing Entity and/or specify any payment milestones which apply:]  All invoices are to be addressed to:  Click here to enter text.  Method of payment:  Payment for Services is to be made in accordance with any of the following methods:  [**Drafting note:** Insert appropriate method of payment (e.g. Corporate Transaction Card, electronic transfer of funds).] |
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| **4.** | **KEY PERSONNEL AND WORK RESTRICTIONS** | | |
| 4.1 | **Supplier’s Key Personnel:** | Key Personnel are applicable  [**Drafting note:** Insert details of Supplier’s employees or contractors who will be engaged in the provision of the Services.]  Click here to enter text.  Key Personnel are not applicable | |

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| **5.** | **PARTIES’ REPRESENTATIVES** | |
| 5.1 | **State Purchasing Entity’s Representative** | Name: [Drafting note: insert name of financial delegate or representative]  Title: [Drafting note: insert financial delegate or representative title]  Telephone: [Drafting note: insert financial delegate or representative phone number]  Mobile: [Drafting note: insert financial delegate or representative mobile number]  Email: : [Drafting note: insert financial delegate or representative email address] |
| 5.2 | **Supplier’s Representative** | Name: [Drafting note: insert supplier representative name]  Title: [Drafting note: insert supplier representative title]  Telephone: [Drafting note: insert supplier representative phone number]  Mobile: : [Drafting note: insert supplier representative mobile number]  Email: : [Drafting note: insert supplier representative email address] |

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| **6.** | **SPECIAL CONDITIONS** | |
| 6.1 | **Special Conditions (if any):** | : [Drafting note: insert any special conditions relevant to the agreement] |

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| **7.** | **NOTICE PARTICULARS** | |
| 7.1 | **State Purchasing Entity** | Addressee: : [Drafting note: insert the State purchasing entity name]  Address: : [Drafting note: insert the State purchasing entity address]  Email: [Drafting note: insert State purchasing entity email address] |
| 7.2 | **Supplier** | Addressee: [Drafting note: insert supplier first and last name]  Address: [Drating note: insert supplier address]  Email: [Drafting note: insert supplier email address] |

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| **8.** | **PANEL CONTRACT CONDITIONS APPLY** |
| 8.1 | Except as expressly provided above, this Purchase Order and any Purchase Order Contract between the parties concerning this matter are governed by the terms and conditions of the Agreement for the provision of Autism Support Services (Agreement) executed by the State of Victoria through the Victorian Public Sector Commission and Supplier, including without limitation the Rates specified in Schedule 1 of the Agreement. |

Authorised by Financial Delegate:

[Drafting note: insert signature]

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Signature

[Drafting note: insert name]

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Name:

[Drafting note: insert date]

Date: