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| THE CITY OF NEW YORK | | | | | | | | | | | | | | | DATE | | | | | | | | **2025-06-04** | | | | | ACCTNG | | | | | |  | | | | | | | *CHECK ONE* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AGCY CD | | | | | | | ORDER No. | | | | | | | | |
| FINANCIAL MANAGEMENT SYSTEM | | | | | | | | | | | | | | | PREPARED | | | | | | | | PERIOD | | | | | | X | | | | | NEW | | | | |  | | | MODIFICATION | | | | | | | |  | | | CANCEL | | | | | | |  | | | | | | |  | | | | | | | | |
| CAPITAL | | | | | | | | | | | | | | | DATE | | | | |  | | | | | | | DATE SENT | | | | | | | |  | | | | | | DELIVERY | | | | | | | |  | | | | | | ORDER TYPE | | | | |  | | | PG-REL ORDER | | | |  | PG- BLANKET ORDER | | | | | |  | | PO- PURCH ORDER | | | | | |  | | SI- SHIP INSTR | | | |
| **PURCHASE ORDER** | | | | | | | | | | | | | | | APPROVED | | | | | | | | | | | | TO VENDOR | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | CONTRACT | | | | | | | | **R106401** | | | | | | | | | | INSPECTION *CALL 24 HOURS PRIOR TO DELIVERY* | | | | | | | | | | | | | | | | | | | | | | | | TERMS | | | | | | | | | | | | | | | | | | | | | PAGE | | | | | 1 | | | | |
| FISA FORM CAP-320 (4/99) | | | | | | | | | | | | | | | **NUMBER** | | | | | | | | DIVISION TEL.# | | | | | | | | | |  | | | | | | | | | | | | | | 11/30/2025 | | | | | | | | | | | | | | | | | | | | | OF | | | | | 1 | | | | |
| **PAYEE / VENDOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | DELIVER TO INFORMATION (24 Hr Notice Prior To Delivery) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **INVOICE TO INFORMATION (**if Same as Delivery: Indicate “**Same**”) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE 581900371 | | | | 581900371 | | | | | | | | | | TEL# | | | | |  | | | | | | | AGENCY | | | | | X117 | | | | | | | | | | | | | RM.# | | | |  | | | | | | | | | AGENCY | | | | | | | DSF | | | | | | | | | | | | | | | | | RM.# | | | | |  | |
| NAME | | | Gordian. | | | | | | | | | | | | | | | | | | | | | | | ADDRESS | | | | | 1865 MORRIS AVENUE | | | | | | | | | | | | | | | | | | | | | | | | | | ADDRESS | | | | | | | 44-36 Vernon Boulevard | | | | | | | | | | | | | | | | | | | | | | | |
| ATTENTION OF | | | | | | | | |  | | | | | | | | | | | | | | | | | CITY, STATE & ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY, STATE & ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | 30 Patewood Dr | | | | | | | | | | | | | | | | | Bronx,NY10453 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Long Island CityNY,11101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| CITY, STATE & ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | ATTENTION | | | | | | | | | | | | TEL.# | | | | | | | 718-583-7719 | | | | | | | | | | | | ATTENTION | | | | | | | | | | | | | | | | | | TEL# | | | 718-610-0250 | | | | | | | | | |
| Greenville ,SC29615 | | | | | | | | | | | | | | | | | | | | | | | | | | David Labush | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Robert Williams | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BFY | | DETAIL FUND | | | | | | | | DETAIL AGENCY | | | U/A | | | BUDGET CODE | | | | | | DETAIL OBJECT | | | | SUB OBJ | | | REPORTING CATEGORY | | | | | | | | CAPITAL PROJECT ID | | | | | | | | | | | | | | | | FUNCTION | | | | | | | | ORG | | | | | SUB ORG | | | ACTIVITY | | | | | | | | | | | | | | | | | | |
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| REQUISITION | | | | | | |  | | | | | | | | | |  | | | | | | AMOUNT $ | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM # | | | | COMMODITY CODE | | | | | | DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | QUANTITY | | | | | | | | UNIT | | | | | | | | | $ UNIT PRICE | | | | | | | | | | | | $ LINE AMOUNT | | | | | | | | | | | | | | | | | | |
| LLW#: | | | | 043649 | | | | | | Accumulated Hours Jul-Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | | | | | | | Hour | | | | | | | | | $135.6975 | | | | | | | | | | | | $814.185 | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | | Accumulated Hours Dec-Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2.5 | | | | | | | | Hour | | | | | | | | | $144.1141 | | | | | | | | | | | | $360.28525 | | | | | | | | | | | | | | | |  | | |
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| COMMENTS | | | | | CTF Close Out | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOTAL ORDER **$**  AMOUNT | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| **CERTIFICATE OF NECESSITY** | | | | | | | | | | | | | | | | | | | | | | | | **NYCSCA AGENCY CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | **F.C.B. APPROVAL** | | | | | | | | | | | **CERTIFICATE OF ACCEPTANCE INTO FMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “I CERTIFY THAT THE ITEMS HEREIN ARE NEEDED AND WILL BE USED BY THE AGENCY FOR THE PURPOSE STATED ON THE PROJECT APPROPRIATION, BUDGET APPROPRIATION OR MODIFICATION.” | | | | | | | | | | | | | | | | | | | | | | | | “I CERTIFY THAT THE LISTED ITEMS HAVE BEEN CHARGED TO THE CORRECT ACCOUNTING CODES WHICH ARE UNDER THE JURISDICTION OF THIS AGENCY.”  “I FURTHER CERTIFY THAT THE EXPENDITURE(S) CONTAINED HEREIN QUALIFY AS (A) VALID EXPENSE CHARGEABLE TO CAPITAL FUNDS AS DEFINED IN THE CITY’S ACCOUNTING POLICIES.” | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | “I CERTIFY THAT I HAVE COMPARED THE FMS DOCUMENT LISTING WITH THE FILE COPY OF THIS PURCHASE ORDER AND FIND THE VENDOR’S NAME & ADDRESS, AMOUNT AND ACCOUNTING CODES ARE IDENTICAL TO THAT CONTAINED ON THE FILE COPY. FURTHER CERTIFY THAT NO ALTERATIONS OF THE DELIVERY AND/OR INVOICING INSTRUCTIONS HAS BEEN MADE.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PREPARED BY | | | | | |  | | | | | TITLE | | | | |  | | | | | | | | CERTIFIED BY | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | DATE ACCEPTED BY FMS | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| REQUEST BY | | | | | |  | | | | | TITLE | | | | |  | | | | | | | | DATE | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | CERTIFIED BY | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |