

OUT-OF-STATE PURCHASE EXEMPTION CERTIFICATE

State of Vermont and State Agency
Burlington, VT 05405

Name of Institution: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Vendor: _____
Address: _____
City: _____ State: _____ Zip: _____

Item Purchased: _____
Quantity: _____

Price: _____
Total: _____

Signature: _____
Date: _____

Signature: _____
Date: _____

Signature: _____
Date: _____

Signature: _____
Date: _____

REVENUE
400