

Maine State Housing Authority (MaineHousing)
Home Energy Assistance Program (HEAP)

**ECIP PURCHASE ORDER
Provisional Measures**

- Vendor Copy
- Applicant Copy
- Original

PO NUMBER: _____

PO DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Customer: _____

Phone: _____

Authorized by: _____

CAA Phone: _____

CAA Email: _____

CAA Fax: _____

DELIVERY INSTRUCTIONS

After service has been provided, please mail or fax a copy of this purchase order and a detailed invoice to the Issuing CAA for payment.

Space Heaters	
Number of space heaters	
Model Number(s)	
Total Amount Authorized	\$
Space Heater Specifications:	
<ul style="list-style-type: none"> ● U.L. Certified ● Wattage Output: 1500 watts ● Power: electric ● Safety Features: auto shutoff, overheat protection 	
Issuance of Space Heater(s):	
CAA Signature	Date
Receipt of Space Heater(s):	
Client Signature	Date

Temporary Relocation	
Reservation confirmation number	
Number of rooms to be provided	
Check in date	
Check out date	
Total Amount Authorized	\$

Other Agency Notes: