



HSP DETAIL PAGE

PURCHASE ORDER # _____ BID # _____ BUYER: _____

P.O. Summary: _____

Company: _____ Vendor ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Purchase Order Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Progress Assessment Report Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Total Amount: _____ Subcontracting? Yes No

Contract Period From: _____ Through: _____

Subcontractor Name	HUB Vendor?		Intended amount
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Today's Date: