



**Department of Finance & Administration  
Office of State Procurement**

***DELIVERY/INVOICE ADDRESS MAINTENANCE – FORM OSPV102***

NEW

CHANGE\*

DELETE\*

\*Delivery/Invoice Number: \_\_\_\_\_

**Deliver/Invoice Information**

Agency Name: \_\_\_\_\_

Business Area: \_\_\_\_\_

Delivery Address

Invoice Address

**Address Information**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Check if address is not within city limits

**Agency Contact Information**

Requester's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_