

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:** \_\_\_\_\_

\_\_\_\_\_

**Authorized by:** \_\_\_\_\_

**Customer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**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:**

- 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:**