PURCHASE ORDER

Mail Invoice To:
PUBLIC SERVICE COMPANY OF NH
P.O. BOX 5017
HARTFORD CT 06102-5017

Purchase Order : 02213339
Revision :
Release :
Printed : 06/11/10
Page : 1

Please Direct Inquiries to:
DEBRA H. TOBIN
Title: SR.SOURCING CONSULTA
Phone: 603-634-2085 **Ext:**
Fax : 603-634-2449

Vendor:
E S BOULOS COMPANY
45 BRADLEY DR
WESTBROOK ME 04092

****** DUPLICATE COPY ******

Primary Ship To: PUBLIC SERVICE NEW HAMPSHIRE
STOREROOM
1250 HOOKSETT RD
HOOKSETT NH 03106

Attention : PAT ST'ONGE

Transit Type	Carrier Name	FOB	FOB Point
		DEST, FRT PREPAID	

Header Terms and Conditions - Text at End

Fac	Standard Name	Rev	S/P	Text	Title
	INVLOOK	000	S	Y	LOOKUP YOUR INVOICE STATUS- WWW.NU.COM
	SCI0101	000	S	Y	CERTIFICATE OF INSURANCE IS REQUIRED
	SRO20	001	S	Y	INVOICES WILL NOT BE PAID WITHOUT REFERENCE TO PO

Line	*Qty*	*UP*	*Item Description*	*Unit Price*	*Extension*
0001	1	EA	**Catalog ID:**	$6,550.000000	$6,550.00

NON-TAXABLE

Qty: 1 **Delivery Date:** 07/12/04

RELAY CABINET #1 AS DESCRIBED IN NU
INQUIRY DHT-040617 - MADBURY PER ES
BOULOS, PROPOSAL DATED, MAY 19, 2004

Mfr/Vendor: E S BOULOS COMPANY
Model :
Part :

PURCHASE ORDER

Mail Invoice To:
PUBLIC SERVICE COMPANY OF NH
P.O. BOX 5017
HARTFORD CT 06102-5017

Purchase Order : 02213339
Revision :
Release :
Printed : 06/11/10
Page : 2

Line	*Qty*	*UP*	*Item Description*	*Unit Price*	*Extension*
0002	1	EA	**Catalog ID:**	$6,150.000000	$6,150.00

NON-TAXABLE

Qty: 1 **Delivery Date:** 07/12/04

RELAY CABINET #2, AS DESCRIBED IN NU
INQUIRY DHT-040617 - MADBURYPER ES
BOULOS, PROPOSAL DATED, MAY 19, 2004

Mfr/Vendor: E S BOULOS COMPANY
Model :
Part :

Purchase Order Total Amount

TOTAL THIS PO: $12,700.00

PO HAS BEEN PROPERLY AUTHORIZED BY BUYER

Standards and Procedures Text at End

Standard: INVLOOK Type: PURCH
Title : INVOICE LOOK-UP PROGRAM NOTIFICATION FOR VENDORS

PLEASE PROVIDE THIS INFORMATION TO YOUR ACCOUNTS RECEIVABLE DEPARTMENT: AS A SUPPLIER TO NU, YOU CAN NOW CHECK THE STATUS OF YOUR INVOICES ON-LINE AT WWW.NU.COM UNDER BUSINESS TO BUSINESS. ENTER YOUR INVOICE NUMBER AND OUR PO NUMBER AND THE STATUS OF THE INVOICE WILL BE DISPLAYED FOR YOUR REVIEW!

Standard: SCI0101 Type: PURCH

Title : CERTIFICATE OF INSURANCE IS REQUIRED

PURCHASE ORDER

Mail Invoice To:
PUBLIC SERVICE COMPANY OF NH
P.O. BOX 5017
HARTFORD CT 06102-5017

Purchase Order : 02213339
Revision :
Release :
Printed : 06/11/10

A CERTIFICATE OF INSURANCE IS REQUIRED TO BE

ON FILE WITH NORTHEAST UTILITIES SERVICE

COMPANY PRIOR TO THE START OF WORK. IN

ADDITION, THE CERTIFICATE MUST INCLUDE THE

FOLLOWING ENDORSEMENT:

>

NORTHEAST UTILITIES, AND ITS SYSTEM COMPANIES ARE INCLUDED AS ADDITIONAL INSUREDS, AS THEIR INTERESTS MAY APPEAR, ON ALL POLICIES OTHER THAN THEIR WORKER'S COMPENSATION, BUT ONLY WITH RESPECT TO THIRD-PARTY CLAIMS.

Standard: SRO20 Type: PURCH

Title : INVOICES WILL NOT BE PAID WITHOUT REFERENCE TO PO

INVOICES WILL NOT BE PAID IF THEY ARE SUBMITTED WITHOUT A REFERENCE TO THE APPROPRIATE PURCHASE ORDER NUMBER . PLEASE PUT THE ENTIRE PURCHASE ORDER NUMBER, INCLUDING ANY REVISION NO. AND BLANKET RELEASE NO., FOR A TOTAL OF 16
DIGITS IF REQUIRED, ON YOUR INVOICE AND MAIL THE INVOICE TO THE ADDRESS SHOWN ON THE TOP OF THE PURCHASE ORDER.

*** * * End of Purchase Order * * ***