



STATE OF TENNESSEE
 DEPARTMENT OF REVENUE
 ANDREW JACKSON STATE OFFICE BUILDING
 NASHVILLE, TENNESSEE 37242

HARVARD UNIVERSITY
 HOLYOKE CTR RM 620
 1350 MASSACHUSETTS AVE
 CAMBRIDGE, MA 02138

EXEMPTION NO. 4-990223341-000-3
 HOLYOKE CTR RM 620
 1350 MASSACHUSETTS AVE
 CAMBRIDGE, MA 02138

Under the provisions of T.C.A. section 67-6-322, this will provide authority from the Tennessee Department of Revenue for the organization named above to make purchases of tangible personal property or taxable services for their own use and consumption or to be given away without the payment of sales or use tax.

The organization must furnish the suppliers of goods and services with a copy of this letter properly completed below. **YOU MUST RETAIN THE ORIGINAL FOR COPY PURPOSES.** The supplier will maintain this in his files as evidence of exemption. Later purchases do not require the submission of a letter. The invoices should contain the name of the organization and the number given above.

This authority does not extend to purchases made by employees of the organization when employees pay for items purchased or services rendered with personal funds. It does not extend to items purchased to be resold.

THE ORGANIZATION MUST NOTIFY THE DEPARTMENT IMMEDIATELY IF THERE ARE ANY CHANGES IN OFFICERS, IF THE ORGANIZATION CEASES TO EXIST, MOVES OR IN ANY WAY CHANGES THE ORGANIZATION FROM ITS PRESENT FORM.

DATE December 1, 1987 COMMISSIONER OF REVENUE Dudley Taylor

TO BE COMPLETED BY THE ORGANIZATION (Please Print)

TO: SUPPLIER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I _____ as an authorized representative of the organization named above affirm that the purchases made under this authority will be used and consumed by the organization or given away. I further affirm that the organization will not use this authority to purchase items for resale.

Under penalty of perjury I affirm this to be a true and correct statement.

PRINT NAME OF ORGANIZATION: _____

PRINT NAME OF PURCHASER: _____

SIGNATURE OF PURCHASER: _____ DATE: _____