

MIAMI-DADE COUNTY PUBLIC SCHOOLS

INTERNAL FUND PURCHASE ORDER

Vendor Name Address Phone No.	Purchase Order No. ZX- Issue Date Please refer to the above Purchase Order No. on all invoices/correspondence.			
Contact Person	Sales Tax Exempt No. 23-08-324893-53C			
Ship To: School	Sales Tax No. may not be used to purchase merchandise for resale.			
Address	FOR SCHOOL USE ONLY			
	Object Program			
Attn.	Function Sub-Ledger			
Expected Delivery	Account Nar	Account Name		
Send invoices in duplicate to:	Date entered in MSAF			
SecretarylTreasurer	_ Sponsor Signature			
The School and the Dade County School Board will not be liable for goods/services not identified on this Purchase Order. Substitution of merchandise or change in cost is not allowed unless authorized in writing.				
ITEM DESCRIPTION	QUANTITY (UNITS)	UNIT COST	EXTENDED COST	
PURCHASE ORDER TOTAL -				
Funds Available: Tes No Total P.O. not to exceed \$				
	Purchase Order must not be authorized unless completely filled out by originator.			
Principal or Delegate Signature D	ate			

Note: P.O. is required on purchases for \$ 100.00 or more.