

CONTRACT QUARTERLY REPORT

Provide quarterly and annual sales reports, including no sales, within thirty (30) calendar days following the end of each quarter (ex: January, April, July and October).
Submit to: Contract Manager (karla.dixon@dms.myflorida.com).

Instructions

- * Please fill in all information using the yellow cells only
- * A sample of how data should be reported to the state is presented in cells with orange color
- * Do not change the format on this sheet
- * Columns M - AG will need to be renamed (enter column name on yellow cells)
- * Columns A - L is standard information required by the state. If any of these do not apply to your product/service, please enter "N/A".
- * Below you will find a description of all fields in these reporting sheet

Under penalties of perjury, I declare that this is a true and accurate report of all sales due under the terms and conditions of this state term contract for the specified quarterly reporting period.

AUTHORIZED TYPED SIGNATURE: ____

AUTHORIZED ELECTRONIC SIGNATURE:

- Notes:
- 1) A quarterly report is required even if there are no sales for the specified quarter; please enter zero dollars where applicable.
 - 2) This form is for the reporting of quarterly sales only. It is not related to reporting and payment of vendor transaction fees.
 - 3) To enter electronic signature, click text box, click “Insert” (on tool bar), select “picture”, and select picture type to paste or enter signature.
 - 4) For information concerning the use of this form, please contact the Contract Administrator named above.

Part Number/SKU	Your product part number if applicable
Item / Service Name	Given name of Item or Service
MFG	Manufacturer, Publisher, Service Provider
Item Category	Description of the product category
Item SubCategory	Additional grouping for item
Product Description	Additional detail for item
Customer Name	State Agencies, Universities, Political Subdivisions, Other Eligible Users
UNSPSC	United Nations Standard Products and Services Code
Florida Commodity Code	Florida Commodity Code
UOM	Unit of Measure
UOM Desc	Description of unit of measure (see example)
Volume Qty	Number of items/services purchased/provided
Order Date	Order date
Date Delivered	Delivered date to customer
Purchase Type	Purchase Order, Payment Card, Other
List Price	List price (Market + fee contracxts use market price)
Contract Price	Contracted price with state per contract terms
Additional Fields	Any new information related to your company's products/services (i.e. Copies per minute on Digital Copiers)

Company

Address

City

State

_____ Zip Code _____

State of FL Vendor #

Reporting Period

State Term Contract No.

Contract Expiration Date

Reporting Date

Contact

Email

Contact Phone Number

Quarter	Sample	
	FYQ 1 - 2014	CQ 1 - 2014
	Fiscal Year	Calendar Year

Contract Sales (State Agency)	\$ -	Contract Sales (Outside FL)	\$ -	EA - Each
Contract Sales (Other User)	\$ -	SUM Total Contract Sales	\$ -	CS - Case

[illegible]