Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

# INTERNAL FUND PURCHASE ORDER

Vendor Name _____

Address _____

_____

_____

Phone No. _____

Contact Person _____

Ship To:

School Miami Southridge Senior High School

Address 19355 SW 114 Avenue
Miami, FL 33157

Attn. _____

Expected Delivery _____
*Date*

Send invoices in duplicate to:

Susan Thweatt
*SecretarylTreasurer*

Purchase Order No. ZX- _____

Issue Date _____

Please refer to the above Purchase Order No. on all invoices/correspondence.

Sales Tax Exempt No. 85-8013887801C-1

Sales Tax No. may not be used to purchase merchandise for resale.

**FOR SCHOOL USE ONLY**

Object _____ Program _____

Function _____ Sub-Ledger _____

Account Name _____

Date entered in MSAF _____

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 |
|---|---|---|---|
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PURCHASE ORDER TOTAL ➔

Funds Available: ☐ Yes ☐ No Total P.O. not to exceed $ _____

_____ _____
Secretary/Treasurer Signature Date

_____ _____
Principal or Delegate Signature Date

**Purchase Order must not be authorized unless completely filled out by originator.**

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

878-4990

FM-1012 Rev. (10-07)