



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
INTERNAL FUND PURCHASE ORDER

Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Contact Person \_\_\_\_\_

Ship To:  
School \_\_\_\_\_  
Address \_\_\_\_\_

Attn. \_\_\_\_\_

Expected Delivery \_\_\_\_\_  
Date \_\_\_\_\_

Send invoices in duplicate to: \_\_\_\_\_  
Secretary/Treasurer

Purchase Order No. ZX- \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Please refer to the above Purchase Order No. on all invoices/correspondence.

Sales Tax Exempt No. 23-08-324893-53C  
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.