



# Purchase Order Cover Sheet

**DATE:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**TEACHER NAME:** \_\_\_\_\_

**APPROVING ADMINISTRATOR:** \_\_\_\_\_

**ORDER TYPE:** \_\_\_\_\_

(Ex. Cleaning Supplies; Office/Class Supplies; Food or Items for event (*indicate Name of event*); etc.)

ALL INFORMATION BELOW MUST BE PROVIDED ON FM-1012 INTERNAL FUND PURCHASE ORDER FORM INCLUDING (3) WRITTEN VENDOR QUOTES, OF WHICH AT LEAST ONE MUST BE A CERTIFIED MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE) FOR ORDERS OVER \$999.99.

- VENDOR INFORMATION
- ATTN: GISELLE G. VALDEZ, CARMEN M. JONES, DRUSILLA E. SEARS, SHAUNTAE S. LEWIS
- ITEM DESCRIPTION
- QUANTITY
- UNIT COST
- EXTENDED COST
- (3) QUOTES FOR PURCHASES THAT EXCEEDS \$999.99
- PURCHASE ORDER COVERSHEET

PLEASE MAKE SURE PURCHASE ORDER COVER SHEET AND INTERNAL FUND PURCHASE ORDER FORM IS SIGNED BY APPROVING ADMINISTRATOR BEFORE SUBMITTING.

\*\*\*SUBMITTED ORDER REQUEST OVER \$999.99 WITHOUT (3) QUOTES ATTACHED; WILL NOT BE PROCESSED UNTIL ALL REQUIRED QUOTES ARE RECEIVED\*\*\*

\*\*\*SUBMITTED ORDER REQUEST THAT DOES NOT PROVIDE ALL REQUIRED INFORMATION; WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS RECEIVED\*\*\*

\*\*\*VENDORS SHOULD ONLY BE USED (1) ONCE IN A 30 DAY PERIOD\*\*\*

\*\*\*SUBSTITUTION OF MERCHANDISE OR CHANGE IN COST IS NOT ALLOWED UNLESS AUTHORIZED IN WRITING\*\*\*

**TO REQUEST A PURCHASE ORDER:**

**EMAIL PURCHASE ORDER COVER SHEET AND FM-1012 INTERNAL FUND PURCHASE ORDER FORM TO:**

Giselle G. Valdez, – ACCOUNTING CLERK III [valdezg@dadeschools.net](mailto:valdezg@dadeschools.net)

Carmen M. Jones – ACCOUNTING CLERK III [CarmenJones@dadeschools.net](mailto:CarmenJones@dadeschools.net)

Drusilla E. Sears – TREASURER [DSears@dadeschools.net](mailto:DSears@dadeschools.net)

Shauntae S. Lewis – BUSINESS MANAGER [slewis@dadeschools.net](mailto:slewis@dadeschools.net)