

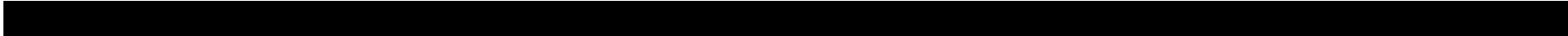
Vendor Date P.R.#

Approval Chain	Level 1	Level 2	Level 3	Level 4	REQ. ID	Buyer ID
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Structure	Fund	Object	Location	Program	Function	Requester
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Line #	Category	M-DCPS Item #	Item Description			Extended Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
Quantity	U/N	Unit Price	Date Required	Ship To	Vendor #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Line #	Category	M-DCPS Item #	Item Description			Extended Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			\$ <input type="text"/>
Quantity	U/N	Unit Price	Date Required	Ship To	Vendor #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Line #	Category	M-DCPS Item #	Item Description			Extended Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			\$ <input type="text"/>
Quantity	U/N	Unit Price	Date Required	Ship To	Vendor #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Company _____
 Address _____
 City/State _____
 Phone _____
 Fax _____

Requisition Total \$

Authorized Signature: _____ Date: _____

Line #	Category	M-DCPS Item #	Item Description			Extended Amount
Quantity	U/N	Unit Price	Date Required	Ship To	Vendor #	



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Quantity	U/N	Unit Price	Date Required	Ship To	Vendor #	

Requisition Comments (Comments indicated with an asterisk (*) are required and must be included in all requisitions:)

*01: Before Shipping Contact:

Name: _____

Phone: _____

Email: _____

*02: Send this order "ATTENTION: LIBRARY MEDIA SPECIALIST."

03: Adherence to Miami-Dade County Public Schools' Cataloging and Processing Specifications required.

04: Barcode Range: (Choose one of the options below.)
1. From _____ To _____
2. Use next number in range already provided.

05: Title list submitted directly to vendor.

06: Shipping and Handling: (Choose one of the options below.)
1. Fee: _____
2. Fee included in the total price of the requisition.

07: Processing Fee: (Choose one of the options below.)
1. Fee: _____
2. Fee included in the total price of the requisition.

08: Theft detection system (K-8 Centers, Middle and Senior High Schools only)

*09: DO NOT EXCEED: _____

10: Other: