FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE REQUISITION FOR TAX SAVINGS DIRECT PURCHASES >$3,000/PER PO

FOR PROJECT NAME: _____

CONTRACTOR/SUBCONTRACTOR	**SUPPLIER** Federal I.D._____	BID PKG #
NAME:	NAME:	REQ #
STREET:	STREET:	VEND #
CITY:	CITY:	PO# 9
STATE: ZIP:	STATE: ZIP:	DATE SUBMITTED
PHONE: FAX:	PHONE: FAX:	DEL DATE REQD
CONTACT:	CONTACT:	PAYMENT TERMS
MAIL PO TO THIS ADDRESS?	SUPPLIER AN MBE/WBE Y __ N __ (CAT.)	PROJECT MGR. SIGNATURE
CONTRACTOR / SUBCONTRACTOR	POR QTY CONFIRMATION	FCCJ
SIGNATURE(SAME AS ON BID)/DATE	SUPPLIER SIGNATURE/DATE	PURCHASING SIGNATURE/DATE

NOTE TO CONTRACTOR: A DEDUCTIVE CHANGE ORDER TO YOUR CONTRACT WILL BE MADE FOR THE VALUE OF THE INVOICED FCCJ DIRECT PURCHASES PLUS SALES TAX AS PER TAX AGREEMENT AMOUNT LESS THAN OR EQUAL TO $5,000.00 7.0% AMOUNT > $5,000.00 6.0% SALES TAX

ITEM #	QTY	UNIT OF MEASURE	COMPLETE DETAILED DESCRIPTION OF MATERIAL(S) - INCLUDE VENDOR PART NUMBERS AND SPECIFICATION SECTION NUMBER	UNIT $ W/O S TAX	SUB TOT FOB DEST	SALES TAX	CONTRACT DEDUCT
			BLANKET PO FOR THE PURCHASE OF:				
				TOTALS			

CONTRACTOR SIGNATURE(S)

_____

_____

DATE _____

_____

_____

SUPPLIER: 24 HOURS PRIOR TO DELIVERY AT SITE NOTIFY MR. _____ AT (_____) _____

5/05