



United Community Options of Miami
 1411 NW 14 Avenue
 Miami, FL 33125

Order # **MI 39756**
 Date Originated 7/24/17
 Date Needed By / /
(Be Specific)

P.O. MUST BE APPROVED PRIOR TO PURCHASE

Purchase Order

Vendor Name: Mac to School
 Address: _____
 City/State/Zip: _____
 Attn. of: _____

Account #: _____
 Credit Card #: _____
 Type: _____
 Phone #: _____

* BILL TO: UNITED COMMUNITY OPTIONS Accounting Office • 2700 W. 81 Street, Hialeah, FL 33016

Item	Vendor Catalog Number	Quantity	Unit of Measure <small>(Case, box, doz.)</small>	Description (Type, Size, Color)	Unit Price	Total Amount
1						
2				<u>Ipad 2 16GB (40)</u>		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

DO NOT EXCEED: \$ _____ Employee with UCO photo is authorized to make purchase **Total =** \$3796

Ship to: _____
 Address: _____
 Attention of: _____
Name Loc./Dept./Tel. #

Requested by: Victoria Deer
 Supervisor Approval: _____
 Director Approval: _____
 Assoc. Dir. Approval: [Signature] (7-24-17)
(REQ. Up to \$2,500)
 VP or COO Approval: _____
(REQ. > than \$2,500)
 PRES or CEO/CFO Approval: _____
(REQ. \$10,000 or >)
 Charge to Program: 112
 Chart of Acct#/Description: Non-capital

Special Instructions, if any:

SEND
White to vendor (after approval only)

SEND
Blue with receipts to: Accounting

KEEP Page _____ of _____
Pink for your records as directed