



**REQUEST FOR PROPERTY CONTROL DECAL
FOR ITEMS OVER \$1,000 PURCHASED USING
THE MIAMI DADE COLLEGE PURCHASING CARD**

Date: _____

Description of Item Purchased:

Name of Vendor:

If vendor is not on the vendor list, complete Vendor Modification Form and fax to Purchasing, Attn: Vanessa Vela 7-0024.

Cost of Item: _____ Date Purchased: _____

Department Qual: _____

Department Name: _____

Campus: _____ Room No: _____

Purchaser Name: _____

Phone Number: _____

Requested by: _____

Signature: _____ Date: _____

Copy of Invoice must be included.

PC Decal #: _____ Serial #: _____

When form is completed send or fax to: Maria Halloran,
Property Management, North Campus
Fax 7-1661