



**School Board Administration Building - Accounts Payable Department**  
**1450 Northeast Second Avenue, Room #602**  
**Miami, Florida 33132**

**VENDOR INQUIRY FORM LETTER**

Date: \_\_\_\_\_

Acct.#: \_\_\_\_\_

Attn: \_\_\_\_\_, Accounts Receivable Dept.

**RE: INVOICE #:** \_\_\_\_\_

**P.O. #:** \_\_\_\_\_

Dear Vendor:

In an effort to expedite your payment the item (s) circled on your invoice has/have not been paid, for the reasons indicated below:

- ☐ This invoice is a duplicate shipment of a previously paid Purchase Order. Please contact P.O. originator for return of the second shipment or to obtain a new purchase Order number.
- ☐ Invoice /Credit is incorrect. Invoice/Credit No. \_\_\_\_\_ dated \_\_\_\_\_ amount of \$ \_\_\_\_\_. PLEASE SEND CORRECTED INVOICE.
- ☐ Invoice can not be processed without a valid PURCHASE ORDER NUMBER. Please contact the originator of the order to obtain purchase order number.
- ☐ Need proof of delivery. (If double shipment please provide proof of delivery for both shipments).
- ☐ Invoice item not part of this purchase order. Please contact P.O. originator for P.O. revision.
- ☐ Partial/Complete delivery has been made but to date no invoice has been received. Please invoice immediately.
- ☐ Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fiscal Assistant

(305) 995-\_\_\_\_\_  
Fax: (305) 995-2065