



MIAMI-DADE COUNTY PUBLIC SCHOOLS

Contract Management  
 155 Northeast 15th Street, Miami, Florida 33132

DEBIT MEMORANDUM

Date \_\_\_\_\_

VENDOR:

RE: PAYMENT ADJUSTMENT	
TYPE OF SERVICE _____	PROJECT NUMBER _____
SCHOOL NAME _____	

Dear Vendor:

There is a payment adjustment necessary for this project. The adjustment will be made with the next payment to the firm.

WORK ORDER DATE	P. O. NUMBER	AMOUNT PAID	DATE OF REVISED WORK ORDER	REVISED AMOUNT TO PAY	DUE FROM VENDOR
TOTAL DUE FROM VENDOR →					

If you require additional information, please contact Ms. Caridad Menendez in the Department of Contract Management at 995-4540.