**Sub-Contractor DOPO Request Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From:**Sub-Contractor | **Contact Name** |  | **To:**Contract Entity | **Contact Name** |
| **Firm Name** |  | **Firm Name** |
| **Address** |  | **Address** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Click here to enter a date.** |  | **PO No:** |  |
| **USF Job No:** | **USF-000** |  | **Need By:** | **00/00/0000** |
| **USF Job Name:** | **USF Proj Name** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor:** | **Firm Name** |  | **Rep:** | **Contact Name** |
| **Address** |  | **Phone:** | **000-000-0000** |
| **Req. By:** |  |  | **Fax:** | **000-000-0000** |
| **Ship To:** | **Address** |  | **Delivery Contact:** | **Contact Name** |

Itemized backup is required to support this DOPO Request

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QTY** | **CODE** | **DESCRIPTION** | **UM** | **UNIT COST** | **EXT. COST** | **RCVD.** |
|  |  |  |  | **$000,000.00** | **$000,000.00** |  |
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|  | **Sub Total** | **$000,000.00** |  |
| Bulk Sale Cap: **7.5%** on first $ 5000; **6%** on balance: **\*** | **Sales Tax** | **$000,000.00** |  |
| **\*** Hillsborough County Sales Tax rate.Verify current Sales Tax Rate for county of business address. | **Freight** | **$000,000.00** |  |
| **TOTAL** | **$000,000.00** |  |

**File:** DOPO Exhibit 02 (CM DOPO Request).docx