



VENDOR INVOICE SUBMITTAL and VENDOR PROFILE UPDATE

Miami-Dade County Vendors also doing business with Miami-Dade Public Housing & Community Development (PHCD) must renew their **occupational license** by every fiscal year to remain an active Miami-Dade County vendor. Pay on line at www.miamidade.gov/taxcollector or contact the Miami-Dade County Occupational License Office at (305) 270-4949.

Thank you for becoming a vendor with PHCD. We look forward to working with you. Please adhere to the policies listed in this document when submitting invoices for payment.

1) Clearly list on all invoices: applicable purchase requisition/purchase order number, site number, and name of site where work was completed. When applicable, materials and labor should be itemized.

2) All invoices must be submitted to **(email is preferred): PHCDpayables@miamidade.gov**

Or mailed to: **Miami-Dade Public Housing & Community Development
Accounts Payable Section
701 NW 1st Court, 16th Floor
Miami, FL 33136-3914**

Do not send invoices to individuals, locations, and/or sites.

3) When services are rendered and items are delivered, you are required to provide the receiver and/or requestor with a delivery receipt, packing receipt, or service ticket as proof of delivery. This will assist us in expediting your payment.

Payments will be placed on hold until such a document is received.

4) Provide us with your current business information in the table below. Please provide/update any information such as your mailing/e-mail addresses, telephone/fax numbers, changes to your company's structure, including but not limited to, changes of ownership, a change of company name, or a change of Federal Employment Identification Number (FEIN). Whenever these changes occur, vendors are required to notify PHCD. Changes other than those noted above require submittal in writing on company letterhead.

If we do not receive this updated information, your company profile will not be updated in our system, which may result in delays in **payments**.

Company Name: _____

Does company offer sales discounts?
Yes ☐ No ☐

FEIN: _____

If so, what are the discount terms?

Occupational License: _____

Contact Person/Title: _____

Company Address: _____

Phone: _____

City, State, Zip Code: _____

Fax: _____

Email Address: _____

Other: _____

Are you certified as a Community Small Business Entity (CSBE) with Miami-Dade County?

If so, please attach most recent certification.

Yes ☐ No ☐

I attest the information above is accurate.

COMPANY REPRESENTATIVE (PRINT NAME)

SIGNATURE

DATE