

VENDOR TRANSACTION FEE REPORT - SUMMARY

Vendor Name _____ FEIN: _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Contact Person _____

Please circle the calendar month and indicate the calendar year that this report covers:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec of the Year _____

A	Enter total payments received against State agreements during reporting period	\$	
B	Minus portion of total payments (A) that are exempt from the Transaction Fee (see Rule 60A-1.032)	\$	
C	= Total Fee-Eligible Payments received during reporting period	\$	<input type="checkbox"/>
D	Multiplied by 1% Transaction Fee	X .01	
E	= Total Transaction Fees Owed during reporting period	\$	<input type="checkbox"/>
F	Minus Transaction Fees automatically deducted by MyFloridaMarketPlace	\$	
G	Minus Transaction Fees billed by MyFloridaMarketPlace this reporting period	\$	
H	= Transaction Fees DUE to be Self-Reported this reporting period	\$	<input type="checkbox"/>
I	Plus Transaction Fees BILLED by MyFloridaMarketPlace this reporting period	\$	
J	= Transaction Fees PAID this reporting period	\$	<input type="checkbox"/>

Under penalties of perjury, I declare that this is a true and accurate report of all payments received and transaction fees due under the terms of use of the MyFloridaMarketPlace system.

VENDOR SIGNATURE _____

INSTRUCTIONS

1. When reporting total monthly payments received, **ONLY** include actual payments received during the month you are reporting (including eligible payments made via the State purchasing card).
2. A report is required for all vendors that have a current State or agency term contract, even if there are no payments received during reporting period. For all other vendors, a report is required only when fee-eligible payments have been received during the reporting period (no report is required if all payments are exempt from the Transaction Fee under Rule 60A-1.031, 60A-1.032, and your particular agreements). If the total self-reported and billed Transaction Fees due for the reporting period are less than \$50, vendor may carryover balance to the next reporting period until cumulative amount owed is \$50 or greater.
3. Make checks payable to **MyFloridaMarketPlace**, note "Vendor Transaction Fee" in memo field, and indicate your Federal Employer Identification Number (FEIN) number on check.
4. This Vendor Transaction Fee Report (both Summary and Detailed) AND APPLICABLE TRANSACTION FEES are due within fifteen (15) calendar days following the reporting period. Failure to provide the report and applicable fees may result in the vendor being found in DEFAULT. Please remit this report and check to:

MyFloridaMarketPlace
 PO Box 5497
 Tallahassee, FL 32314-5497

For information concerning the use of this form and/or Transaction Fees, please contact MyFloridaMarketPlace Customer Service at (866) FLA-EPRO (866-352-3776), or via email at vendorhelp@myflorida.com.

PUR 3776 (7/03)

Check #	DMS Log Date	DMS Log Sheet #

VENDOR TRANSACTION FEE REPORT – DETAILED

Vendor Name _____

FEIN: _____

Please circle the calendar month and indicate the calendar year that this report covers:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec of the Year _____

Vendors must provide in the table below the details behind the figures reported in the Summary section of this form. For each fee eligible agreement that you received actual payments from the State during the reporting period, please provide the State Term Contract, agency contract, SNAPS agreement, or other agreement number in the appropriate column within Section A. Then provide the requested information in section B for each listed agreement. Submit multiple Detailed pages if necessary. Section B column totals from all Detailed pages must equal corresponding row totals from Summary page.

#	Section A				Section B					
	State Term Contract Number	Agency Term Contract Number	SNAPS Agreement Number	Other Agreement Number	C Total Fee-Eligible Payments Received	E Total Transaction Fees Owed	F Transaction Fees Automatically Deducted (when possible)	H Total Transaction Fees Due to be Self-Reported	I Total Transaction Fees Billed (when possible)	J Total Transaction Fees Paid
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
Totals (must equal figures provided in Summary section)					\$	\$	\$	\$	\$	\$