

Purchasing & Contracting REQUEST FOR PAYMENT ON A CONTRACT

CONTRACTOR BUSINESS NAME				REQUEST DATE	
				INVOICE RECEIVED DA	TE
CONTRACT NUMBER	PURCHASE ORDER NUMBER (Finance Use ONLY)	Check One:	□ F	Partial Payment	Eull/Final Payment

FUND	FUNCTION (PROGRAM)	OBJECT (ACCOUNT)	LOCATION (SITE LOC)	AREA (CLASS)	PROJECT	DEPARTMENT	AMOUNT
							\$
							\$
							\$
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							\$
							\$
							\$
							\$
							\$
TOTAL PAYMENT REQUEST							

Submit this completed and signed Request for Payment form to Accounts Payable via email at ppsap@pps.net with the following attachments:

- The contractor's invoice
- Original receipts from contractor if needed. (Original receipts are required if the contract states that expenses 0 are to be reimbursed based on receipts.)

Please note: The attached invoice must contain, at a minimum, the following fields: Vendor name and contact information, invoice date, contract number, dates of service, a detailed description of service, payment rate, total payment due, and remit to address. Invoices with insufficient detail will be rejected.

ADMINISTRATOR'S ATTESTING SIGNATURE					
I attest that all services for which payment is requested have been performed satisfactorily and in strict accordance with the contract.					
I further attest that the funds requested are now due, in accordance with the payment terms of the contract.					
ADMINISTRATOR NAME and TITLE (Please Print)	Signature				
SITE/DEPARTMENT (Please Print)	Date Signed				