

Purchase Order of:

P.O. NUMBER

(Address of Office of Property)

TO

Ship To

DATE OF ORDER	DATE REQUIRED	TERMS	INVOICE #	SHIP VIA	F.O.B	
		Net 30				
QUANTITY	PLEASE SUPPLY ITEMS LISTED BELOW IN QUANTITY AMOUNT SHOWN AT LEFT			UNIT PRICE	TOTAL PRICE	FOR APT #
1						
2						
3						
				Discount		
				Sales Tax		
WHY WAS THIS PURCHASE NECESSARY? EXPLAIN				SIGNED BY AUTHORIZED PERSONNEL BY:	TOTAL>>	

ORIGINAL TO CENTRAL OFFICE WHEN PAYMENT REQUEST MADE
COPY #1 TO PROPERTY OFFICE
Make copy #2 for vendor if desired y vendor/copy only P.O. portion)

PAYMENT REQUEST

Use of this portion of form is limited to invoices that are to be paid with the funds of a single property. For cases involving payment by multiple properties, use Form# L-xxx

SUBMITTED FOR PAYMENT by: _____

(Use ink. Initial any 'white outs' or corrections.)

(Signature)

on: _____

(Date submitted to Central Office)

Funds of the Federally assisted project, PROPERTY # _____

requested to be utilized for payment as follows:

(If vendor number is not on your vendor list indicate "NV"(for new vendor) in the vendor number AND the vendor initials blocks if vendor information (e.g. address, phone #, etc.) differs from your vendor list, complete vendor number block but indicate "CV"(for changed vendor)in vendor initials block. Circle or hi-light on Purchase Order the 'new' or 'c changed' vendor name, address, city, state, zip, and, if available, vendor phone #. In all cases complete balance of PAYMENT REQUEST blocks below. 2nd, and/or 3rd 'ACCOUNT #' lines used only expense to be classified into more than one (1) account.)

VENDOR NUMBER <small>(circle if 'NV')</small>	VENDOR INITIALS <small>(circle if 'CV')</small>	INVOICE NUMBER <small>(Begin Inv # at left extreme) <small>(Attach original of invoice that is to be paid)</small></small>	INVOICE DATE	INVOICE AMOUNT	Due Date
Account #(s)	ACCOUNT DESCRIPTION(S)(e.g. Repairs, Materials, etc.)			ACCOUNT AMOUNT(S)	#

Sum of ACCOUNT AMOUNT(S) must equal INVOICE AMOUNT (Total)

Use same format at bottom margin of page if more than 3 accounts necessary

REVIEWED and APPROVED for PAYMENT by: _____

(Any modifications to submitted request are to be initialed)

(Signature)

on: _____

(Date Signed)