

PAYMENT REQUEST

Use this form to obtain payment of invoices, check requests, petty cash and/or mileage reimbursement requests, etc. (For invoiced P.O.'d situations involving payment by a single property, this form not required if bottom, Payment Request portion of P. O. submitted in lieu.)

• • **SUBMITTED FOR PAYMENT by:** _____ on: _____
(Use ink. Initial any "white-outs" or corrections.) (Signature) (Date submitted to Central Office)

Funds of the Federally assisted project (or projects) are 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 "changed" vendor name, address, city, state, zip, and, if available, vendor phone #. In all cases complete balance of PAYMENT REQUEST blocks below. 2nd, 3rd, 4th and/or 5th "ACCOUNT #" lines use only if expense to be classified into more than one(1) account.)

VENDOR NUMBER (circle if "NV")	VENDOR INITIALS (circle if "CV")	INVOICE NUMBER (Begin Inv.# at left extreme) (Attach original of invoice that is to be paid)	INVOICE DATE	INVOICE AMOUNT (TOTAL) (Dollars) (Cents)	DUE DATE
ACCOUNT #(s)	ACCOUNT DESCRIPTION(S) (e.g. Repairs, Materials, etc.)				← Referred to below as SUB-AMOUNT #1
					← Referred to below as SUB-AMOUNT #2
					← Referred to below as SUB-AMOUNT #3
					← Referred to below as SUB-AMOUNT #4
					← Referred to below as SUB-AMOUNT #5
				SUM of SUB-AMOUNTS must equal "INVOICE AMOUNT (TOTAL)"	

AFTER COMPLETING ABOVE SECTION, PROCEED TO QUESTION 1 BELOW.

(1) - Is each of the non-zero "SUB-AMOUNTS" indicated above to be allocated to a single property?
 If no, go to (2) below.
 If yes, give property name _____ and PROPERTY NUMBER _____ Form is now complete. Stop here.

(2) - Is EACH of the non-zero "SUB-ACCOUNTS" indicated above to be allocated in exactly the same manner to a group of properties in accordance with a single established allocation table?
 If no, go to (3) below.
 If yes, give TABLE # → _____ → and the basis of the allocation (e.g. per unit to all community complexes, pro rata on basis of gross area, etc.) Also give name of community (e.g. Cadiz, etc.) _____ Completes form. Stop here.

(3) - Provide names (abbrv. if desired) of each property that will receive an allocation of any part of this invoice or C.R. One name per column using only the number of columns necessary to identify each property once.

Using corresponding column, indicate Property # of property named above.	→									This column is for totals across rows
Using applicable property column, indicate in \$ amount(s) the portion (none, all, part) of SUB-AMOUNT #1 to be charged to each property. Sum amount(s) across row and show in last column. Row sum must equal SUB-AMOUNT #1	→									
Indicate portion(s) of SUB-AMOUNT #2 (if applicable) for each property. Sum amt(s) across row and show in 1st column. Row sum must = SUB-AMOUNT #2	→									
Indicate portion(s) of SUB-AMOUNT #3 (if applicable) for each property. Sum amt(s) across row and show in 1st column. Row sum must = SUB-AMOUNT #3	→									
Indicate portion(s) of SUB-AMOUNT #4 (if applicable) for each property. Sum amt(s) across row and show in 1st column. Row sum must = SUB-AMOUNT #4	→									
Indicate portion(s) of SUB-AMOUNT #5 (if applicable) for each property. Sum amt(s) across row and show in 1st column. Row sum must = SUB-AMOUNT #5	→									
Sum \$ amounts of each column and show sum at bottom of corresponding column. Sum of this row across must equal "INVOICE AMOUNT (TOTAL)"	→									
		(Col.A sum)	(Col.B sum)	(Col.C sum)	(Col.D sum)	(Col.E sum)	(Col.F sum)	(Col.G sum)		

REVIEWED and APPROVED for PAYMENT by: _____ on: _____
(Any modifications to submitted request are to be initialed) (Signature) (Date signed)

