FORM	ID:	

Amount

F

PO Line

Description

PO Number

Section 1: Comp	leted By Requestin	g Person/Unit			
1. Vendor Invoice #:2. Invoice Date:		2. Invoice Date:	3. IFS/SAPContract #:		
4. Project Name:					
5. Amount:		Retention Amount:		Fund Code:	
6. Payee Vendor #:			7. Performance Perio	d: Start Date:	
8. Payable To:				End Date:	
Remittance Address	::				
9. Warrant Delivery:					
10. Comments:					
Section 2: Appro	vals				
11. Req Branch:					
		Dept:		Office:	
				Date:	Phone:
	Requester	Email			
12. Authorized By:	Print Name	_		Date:	Phone:
12 Approved Day	Signature	_			
13. Approved By:					
	Print Name/Title		Da	ate:Phone	e:
	Approval Signature				
Section 3: Facilit	ties Procurement A	nd Payment Services	Review And Appro	val	
14. Processed By:			_15. Reviewed By:		_
Processed Date:			_Reviewed Date:		
16. Dist Rec'd Date:			_17. GR#:		
18. FPPS Rec'd Date	e:		_19. FIRS Reference ID:		

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