CONTRACT PAYMENT VOUCHER FOR PAYMENTS UNDER $4950

Contract No._____

Payee Information:

Vendor Z No. _____

Name: _____

Address: _____
_____
_____

Payment Request amount $_____

Please attach documentation (invoice, original receipts) to support request for payment.

Department Certification:

Executed contract on file _____

Insurance certificate attached to contract_____

Services performed_____

Authorized Signature

_____
Budget Unit Manager