

TASK FORCE FOR BUILDING RENEWAL

CONTRACTOR/CONSULTANT PAYMENT RECOMMENDATION

FOR TASK FORCE USE

PAYEE FTIN:		DOCUMENT #	
PAYEE NAME:		PAYMENT #	
PAYEE ADDRESS:		PAYMENT DATE	
CITY:		STATE:	
AGENCY:		ZIP CODE:	
LOCATION/SITE:			
BUILDING NAME:			
PROJECT DESCRIPTION:			
INVOICE #		INVOICE TOTAL:	
INVOICE DATE:			
AGENCY PROJECT NUMBER		% COOP FUNDING SPLIT	
ADDRESS BOOK NUMBER		X-3 NUMBER	
	X-3 CONTRACT PAYMENT	PARTIAL	CLOSE (FINAL)

PROJECT CODING ASSIGNED BY TASK FORCE:

PROJECT / BU #	OBJECT CODE #*	DEBIT	CREDIT

COMMENTS:

IS THIS THE FINAL INVOICE FOR THIS TASK FORCE FUNDED PROJECT? YES NO

(IF YES, A FINAL REPORT SHOULD BE ATTACHED)

PROJECT MANAGER SIGNATURE: _____ **DATE:** _____

REVIEWERS SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____

Object Code* Architects/Engineer 542500 Deferred Repair 526101 Fire/Life-Safety 526103 ADA 526102