

PAY REQUEST

I certify that the attached/enclosed invoices are copies of the original invoices and that the original invoices will remain on file for audit purposes. I further certify that (Institution Name)_____ has not requested nor been paid for any (copies of) invoices included in this pay request prior to this date.

Contact Person Signature _____

Telephone Number _____

Date _____

SEND THIS FORM WITH EACH PAY REQUEST