

PAYMENT REQUEST

VOUCHER NUMBER _____

SUBMIT REQUEST TO:

**DEPARTMENT OF MANAGEMENT AND BUDGET
FACILITIES ADMINISTRATION
FIRST FLOOR, STEVENS T. MASON BUILDING
P.O. BOX 30026, LANSING, MICHIGAN 48909**

THIS FORM IS REQUIRED FOR USE BY PROFESSIONAL SERVICE AND CONSTRUCTION CONTRACTORS
ON CAPITAL OUTLAY PROJECTS TO RECEIVE PAYMENT. AUTHORITY: 1984 PA 431.

INSTRUCTIONS TO CONTRACTOR: 1. SUBMIT YOUR BILLINGS ON THIS FORM USING TYPEWRITER OR INK. USE SEPARATE REQUEST FORM FOR EACH CONTRACT ORDER. 2. FORWARD FIRST THREE COPIES OF PAYMENT REQUEST FORM TO ADDRESS ABOVE. RETAIN GREEN COPY. 3. ADDITIONAL FORMS ARE AVAILABLE FROM FACILITIES ADMINISTRATION.

DEPARTMENT OR AGENCY	DATE	CONTRACT NUMBER
NAME AND ADDRESS OF CONTRACTOR	INDEX NUMBER(S)	FILE NUMBER
	FEDERAL I.D. NUMBER (IF NONE, SOCIAL SECURITY NUMBER) THIS IS REQUIRED FOR BILLING AND TAX PURPOSES. PAYMENTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.	
DEPARTMENT CERTIFICATION: I CERTIFY THAT THE SERVICES REPRESENTED BY THIS PAYMENT REQUEST WERE PROPERLY AUTHORIZED AND ARE FOR A PURPOSE INCLUDED WITHIN THE APPROPRIATION OR AS OTHERWISE PROVIDED BY LAW. THE AMOUNTS ARE CORRECT AND PROPER AND ARE APPROVED FOR PAYMENT.	CONTRACTOR'S CERTIFICATION: I CERTIFY THAT THE SERVICES LISTED BELOW ARE PROPER CHARGES AGAINST THE STATE OF MICHIGAN.	
SIGNATURE OF AUTHORIZED DEPARTMENTAL AGENT	DATE	SIGNATURE OF CONTRACTOR
		DATE

GIVE COMPLETE DESCRIPTION OF SERVICES RENDERED AS IT APPEARS ON THE CONTRACT ORDER	AMOUNT

FOR DEPARTMENT USE ONLY							TOTAL
AGENCY NUMBER	INDEX NUMBER	COMPTROLLER CODE	AGENCY CODE 02	CONTRACT NUMBER	FILE NUMBER	COMMODITY CODE	AMOUNT
COPIES: WHITE, YELLOW, AND BLUE – FACILITIES ADMINISTRATION GREEN – CONTRACTOR							TOTAL