

Estimated Accounts Payable Form
(EAP)

If you have performed services prior to and/or including September 30, 2016, please complete **only the red bolded information** and fax it to (517) 373-9466, or email to the appropriate contact person listed below by **Monday, September 26, 2016**. Please keep a copy for your files.

Agency Name : _____

Agency Federal ID # : _____

Agency Mail Code : _____ Commodity #: _____

DPO # : _____ **Contract/Auth #:** _____

Basis used to develop amount: agency provided Payment Criteria: A

Dates of Service : _____

Coding & Amount: Please enter below

INDEX	PCA	AOBJ	Grant-PH	JOB # /Phase	AG1	AG2	AG3	AMOUNT

To the best of my knowledge the above information reflects the actual amount due, for these goods or services, received prior to 10/01/2016.

Contact Information:

Cheryl Hill

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