Attachment D

PAYMENT/BILLING REVIEW

DATE:

TO:

FROM:

SUBJECT: PROJECT TITLE / SERVICE:

SUBCONTRACT/PO NO.:

WORK ORDER NO. (if appl.):

TYPE OF INVOICE *(Circle one)*: **Progress Payment** **Final**

The attached copy of Invoice No. _______ in the amount of $__________ was received and accepted as a valid invoice on ___________. In order to meet the payment terms of the subcontract, your action must be received by CSD within five work-days unless otherwise stated here: ___________________.

Please review the attached invoice as it relates to the progress, services and/or end item(s) contracted for under subject subcontract or Purchase Order. Release of Claims form was signed ____________________.

- -

Invoices may be entered for the total amount only; partial payments are not permitted. If the exact amount cannot be accepted the invoice must be returned to CSD for return to the contractor for correction.

CHECK THE APPROPRIATE LINE BELOW:

_______ The invoice amount is eligible for payment as submitted.

_______ The invoice amount is not eligible for payment for reasons indicated on the reverse or on the attached sheet (i.e. poor performance, percentage billed inaccurate, other).

I recommend the Contractor be paid the amount of $____________ as shown and state that satisfactory performance has been made to warrant same by my signature below:

______________________________	__________________________	____________
Signature	Title	Date

****

________ Invoice Approved for Payment as submitted in the Amount of $_________.
________ Invoice disapproved; return to Contractor with reason noted.

____
Manager, Construction Subcontracts

Released in SmartStream

____
Date

________ ________
Date Initial