

Contract Deliverables Payment Voucher

Vendor Name					Original Submission Date				
Vendor ID(DASA)					Revised Submission Date:				
FEIN:									
Contract #:		Service Code							
Service Dates:									
From:		To:							
Description /Activity	Minimum Unit Value	Unit Rate	Billing Units this period	Amount Billed this period	Billed Prior to this Period	Year to Date Billed	Budgeted Amount	Balance Available	
				\$ -		\$ -		\$ -	
				\$ -		\$ -		\$ -	
				\$ -		\$ -			
Total Billed this period				\$ -					
Total Billing Year to date						\$ -	\$ -		
Annual Budget							\$ -		

Authorized Representative Printed Name _____
 Authorized Representative Signature : _____

Division Use Only		
Contract Number :	0	
Line #	Amount	GFY
Total Approved Payment	\$ -	
Project Lead Signature : _____		
Fiscal Approval Signature: _____		
Comments:		