

**CONTRACTUAL PAYMENT REVIEW REQUEST FORM FOR PROFESSIONAL SERVICE**

TO: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review Invoice # \_ for payment. Deliverables are attached for your review and approval for payment.

Payment Information:

Purchase Order #: \_\_\_\_\_

(If Applicable) Payment Amount: \_

Organization Code: \_\_

Project Code: \_

Object Code: \_