



NVC District Auxiliary Services (DAS) REQUEST FOR PAYMENT

COMPANY NAME _____
 ADDRESS _____
 CITY/STATE/ZIP CODE _____

DATE _____

| QUANTITY | DESCRIPTION | UNIT COST | TOTAL COST |
|---|-------------|--|--------------|
| | | | \$ |
| _____ Requested By: | | APPROVED FOR PAYMENT: I hereby certify that the articles or services specified in this claim are necessary; that the articles have been delivered or the services have been performed by the vendor. | SUB-TOTAL \$ |
| _____ NVC DAS Chair or Vice-Chair (2 signatures required only if over \$1,000.00) | | _____ DAS Budget Center Manager | SALE TAX |
| | | | SHIPPING |
| | | | TOTAL \$ |

BUDGET CODES

| FUND XX | ACTIVITY XXXXXX | PROGRAM XXXX | OBJECT OF EXPENDITURE XXXXX | BUDGET CENTER/LOC XXXX | AMOUNT |
|------------|--------------------|-----------------|--------------------------------|---------------------------|--------|
| _____ | _____ | _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | _____ | _____ | \$ |

(For Business & Finance Office Use Only)

APPROVED:

VERIFIED BY:
