



**NVC District Auxiliary Services (DAS)
REQUEST FOR PAYMENT**

FISCAL YEAR 2019-2020

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

DATE _____

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
			\$
<p align="center">Requested By: _____</p> <p align="center">NVC DAS Chair or Vice-Chair (2 signatures required only if over \$1,000.00)</p>		<p>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.</p> <p align="center">DAS Budget Center Manager</p>	<p>SUB-TOTAL \$</p> <p>SALE TAX</p> <p>SHIPPING</p> <p>TOTAL \$</p>

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:
