

TASK FORCE FOR BUILDING RENEWAL
PAYMENT RECOMMENDATION FORM

This Area for Task Force Use

DOCUMENT # / PAYMENT # / PAYMENT DATE:

PAYEE NAME:		PAYEE FTIN:	
PAYEE ADDRESS:			
CITY:		STATE:	ZIP CODE:
AGENCY:	LOCATION/SITE:		
BUILDING NAME:			
PROJECT DESCRIPTION:			
INVOICE #		INVOICE TOTAL:	
INVOICE DATE:			
AGENCY PROJECT NUMBER		% COOP FUNDING SPLIT	
ADDRESS BOOK NUMBER		X-3 P.O. NUMBER	
PROVIDE PROJECT CODING ASSIGNED BY TASK FORCE: Partial Payment <input type="checkbox"/> Final <input type="checkbox"/>			
PROJECT / BU # (1)	OBJECT CODE NUMBER (1)	DEBIT	CREDIT

(1) Object Codes Architects/Engineer – 542500 Deferred Repair – 526101 Fire/Life-Safety – 526103 ADA – 526102

INVOICE COMMENTS:

PROJECT MANAGER SIGNATURE: _____ **DATE:** _____

REVIEWERS SIGNATURE: _____ **DATE:** _____

APPROVAL SIGNATURE: _____ **DATE:** _____

(1)When all financial obligations have been paid on this allocation, please submit a Final Report.