

FACILITIES & SAFETY BUSINESS OFFICE

INVOICE SUMMARY LETTER AUTHORIZING PAYMENT

Project:			
Vendor Name:			
UNIVERSITY OF CENTR Subcontractor Pay Requisit Date:	AL FLORIDA PURCHASE ORDI	ER NO.	
Purchase Order Amount: Previous Amount Paid: Amount this Period: Balance to Finish:	\$ \$ \$		
Sales Tax Savings This Per	iod:	\$	
Total Sales Tax Savings acc	crued to date this Purchase Order:	\$	
Invoice No.	<u>Invoice Date</u>	<u>Amount</u>	
Invoice No.	Invoice Date		
Invoice No.	Invoice Date	Amount \$ \$	
Invoice No.	Invoice Date	\$	
Invoice No.	Invoice Date	\$ \$	
Invoice No.	Invoice Date	\$ \$ \$ \$ \$	
Invoice No.	Invoice Date	\$ \$ \$ \$	
Invoice No.	Invoice Date	\$ \$ \$ \$ \$	
All materials for the above	invoices has been delivered to the bor use at the University of Central F	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ University of Central Florida	campus,
All materials for the above	invoices has been delivered to the	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ University of Central Florida	campus,

Construction Manager Approval:

To be completed by Subcontractor

(Subcontractor Name)

(Authorized Subcontractor Signature)