



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

COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP CODE \_\_\_\_\_

DATE \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
			\$
_____ Requested By:		<b>APPROVED FOR PAYMENT:</b> 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 \$1,001.00)		_____ 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:

\_\_\_\_\_

\_\_\_\_\_