



CONTRACT PAYMENT FORM

To be submitted with Direct Pay Voucher and invoice when paying against a contract.

Contract Number: _____

Contractor Name: _____

Contract Owner: _____

Total Contract Amount: _____

Total Previous Payments: _____

Total This Invoice: _____

Total of all payments: _____

I attest that all items/services related to this invoice have been received and that all terms and conditions related to this invoice have been met. In addition, payment of this invoice will not cause the total amount expended under this contract to exceed the contract amount.

This invoice should be paid. ☐ Yes ☐ No

The contract is complete and should be closed out. ☐ Yes ☐ No

The Contract Owner is responsible for personally confirming receipt of the products and/or services as well as ensuring compliance with all terms and conditions of the contract. If the Contract Owner is not personally knowledgeable about these conditions, it is their responsibility to verify with the appropriate individuals within the department to ensure compliance.

Attested to and approved by Contract Owner:

Approved by Procurement and Contracts:

Revised March 2025