

**Part I: Payment Data**

FMS ID/Contract Description

Project Manager Name

Telephone Number

Mobile Number

SSS Office Name

Contractor/Consultant Name

Contractor/Consultant Telephone Number

Contractor/Consultant Email Address

Contract Type (Check all that apply):  Service  Capital  Expense  Unit Price  Lump Sum  Construction  Requirement

Contract Registration Number

Task Order Number

CAPIS ID

Payment Amount Due (Line 10 from Part C of Payment Requisition)

Pay Period Start Date (MM/DD/YY)

Pay Period End Date (MM/DD/YY)

Payment Number

Payment Type (Check all that apply):  Partial  Final  Retainage  Change Order  Last Partial  Other: \_\_\_\_\_

FMS Codes

FMS Codes

**Part II: Processing Dates**  
(To be completed by applicable DDC units)

DDC Unit	In Date	Rejection Date	Reason for Rejection	Resubmission Date	Approval Date
A. SSS					**
B. EAO					**
C. CFO					**

CFO Revised Payment Number

**Part III: Required Signatures/Approvals**

**A. SSS**

Project Manager

Print Name

Signature

Date (MM/DD/YY)

Section Chief/  
Deputy Director  
(If applicable)

Print Name

Signature

Date (MM/DD/YY)

Director/  
Executive Director

Print Name

Signature

\*\*Date (MM/DD/YY)  
(If Resubmission, fill in Approval Date in Part II)

**B. EAO**

EAO Auditor

Print Name

Signature

\*\*Date (MM/DD/YY)  
(If Resubmission, fill in Approval Date in Part II)

**C. CFO**

CFO Auditor

Print Name

Signature

\*\*Date (MM/DD/YY)  
(If Resubmission, fill in Approval Date in Part II)