

**JEFFERSON PARISH
REQUEST FOR PAYMENT OF PROFESSIONAL SERVICES**

TYPE OF SERVICES:		PERIOD FROM:	PERIOD THRU:
CONTRACT DATE:		EXPIRATION DATE:	CONTRACT #:
PROJECT DESCRIPTION:			
AUTHORIZATION resolution number(s) or other authoritative source(s):			
AUTHORIZED CONTRACT AMOUNT: \$		AMOUNT PAID TO DATE: \$	
COMPUTATIONS, IF NECESSARY TO SUPPORT ATTACHED INVOICE			INVOICE #:
GL ACCOUNT # (include project #)		\$	
GL ACCOUNT # (include project #)		\$	
GL ACCOUNT # (include project #)		\$	
TOTAL TO PAY		\$	
VENDOR #:		VENDOR NAME:	
VENDOR ADDRESS:			

PAYMENT APPROVALS

JP DEPARTMENT OF:	JP DEPARTMENT OF ACCOUNTING	ARCHITECTS/ENGINEERS:
DIRECTOR: (print name)	Madison Martin	PRINT NAME:
** SIGNATURE:	SIGNATURE:	SIGNATURE:
DATE:	DATE:	DATE:

** Signature of JP Departmental Director indicates that this pay request was verified and satisfies the payments terms contained within the above referenced contract.