

CONTRACTOR REIMBURSEMENT VOUCHER

DRAW # _____

FILE # _____

CONTRACTOR: _____

DATE: _____

PROJECT: _____

ADDRESS: _____

DATE	PAYROLL AMOUNT	INVOICE NUMBER	COST ACCOUNT CODE	INVOICE AMOUNT	ADJUSTMENTS	NET AMOUNT
TOTAL						

AUTHORIZED FOR PAYMENT BY: _____
 (Contractor's Authorized Signatory)

(Payment will be issued to the above Contractor for the amount indicated)

- NOTE: REQUEST WILL NOT BE PROCESSED WITHOUT THE FOLLOWING BEING ATTACHED:
- A. COPIES OF RECEIP[TS AND PAID INVOICES
 - B. COPIES OF CANCELLED CHECKS and/or LIEN RELEASES'
 - C. PAYROLL REPORTS and PAYROLL STATEMENT (form)

CSSG disbursement of funds upon the signed order of the Contractor, or its representative, shall be considered to be the exercise of due care.