## STATE OF LOUISIANA PAYMENT REQUEST COVER SHEET

Fiscal Year		Agency #			CONTRACT # or Purchase Order #			
	•				INVOICE DA	ATE		
	VEN	DOR NO.						
					INVOICE NUMBER			
	VENDOR	INFORMATION						
NAME	E				AGENCY NAME			
Address								
City/State/ Zip					DIVISION/ F	ARK		
Single Ch	neck Needed		]		EQUIPMENT SERIAL NUMBER			
						-	-	
	invoices please c							
BUSINESS AREA	FUND	COST CENTER	G/L ACCOUNT	GRANT	WB ELEM		ORDER	AMOUNT
							TOTAL	\$ -
I certify that the articles described on this order have been received, counted, ar				d accepted by me, and that the quality is satisfactory.				
Prepared by: Date				Agency Approved				
As Contract	Monitor, I hereby	confirm that the g		ract Review Appro		the specif	ication of this contra	ct.
	Contract N	Monitor Signature			Date			
DUDGET	ADDDOV/AL			NAGEMENT AND FIN			" 11 6	
	APPROVAL -			ve coding is correct and		urrently av	allable for payment.	1
Date Rec'd		Approved by			Date			
Payment Entry					1			
	cument Number				Check #			
Receiving Number					Date			
	e Entry Number				J			
Accountir	ng Approval			1				1
Enter/Audited				Approver				
Date USE ONLY IF Journal Voucher Required			Date	Date				
FV50 Number			Date					
BUSINESS AREA	FUND	COST CENTER	G/L ACCOUNT	GRANT	WBS ELEMENT		Debit	Credit
							TOTAL	
	Enter/Audited		Date		Approver		Date	