

**Invoice Approval for
Contract/Purchase Order**
Field Offices

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

ATTACHMENT III

Part A.

Attention: To (Approving Official/GTR)	Room Number	From (Transmitting Office)	Phone Number
	Date (mm/dd/yyyy)		Room Number

Part B.

1. Invoice Number	2. Date Invoice Received (mm/dd/yyyy)	3. Date Due to CMIS (mm/dd/yyyy)	4. Tax ID Number
5. Contract Number, P.O. Number	6. Voucher Number	7. Schedule Number	8. Payment Number

Part C. (To be Completed by Approving Official /GTR)

Instructions. Return all approved invoices, with a copy of this transmittal to the Cash Management and Investment staff within 5 calendar days (3 calendar days for Rush Discount) or _____ days of the date of this transmittal. Any money penalties incurred due to processing delays are chargeable to your organization. In the case of disputed invoices, see Part D.

9. Date Goods/Services Delivered (mm/dd/yyyy)	10. Date Goods/Services Accepted (mm/dd/yyyy)	11. Amount Approved for Payment \$
12. Account Symbol (Appropriation) (86X_____).		13. ABA Number (9 digits)
4070 \$ _____ 4077 \$ _____		14. Bank Account Number
4072 \$ _____ 4587 \$ _____		
0200 \$ _____		

Single Family Program Codes

SFA ☐ SFV ☐ SMA ☐
SLM ☐ SLF ☐ SLR ☐
TCL ☐ SFM ☐ SFU ☐

Multifamily Program Codes

MTF ☐ MDF ☐ UPG ☐
MCF ☐ OBR ☐ MPG ☐
MFC ☐ FIF ☐

15. Check the appropriate box

☐ Approved for payment
☐ Disapproved for payment/Disputed Invoice
Subject to Prompt Pay Yes ☐ No ☐

16. Check method of payment

☐ Check ☐ ACH ☐ Same Day Payment
If Check, include address

Signature of Approving Official

Check the appropriate box ☐ partial payment
☐ final payment

Name of Approving Official (print)	Phone Number	Date (mm/dd/yyyy)
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Part D.

Action to be taken with disputed invoice (check one)

☐ Pay invoice as is
☐ Do not pay. Vendor will submit a revised invoice

☐ Do not pay. Reason _____
☐ Pay invoice as modified below
Amount \$ _____

Remarks

Signature of Contract Specialist	Phone Number (include area code)	Date (mm/dd/yyyy)
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Notify approving official of resolution. Return approved invoices/completed transmittals to: Cash Management and Investment Staff
P.O. Box 44815
Washington D.C. 20026