

SAMPLE

**MARK-TO-MARKET
PAE PAYMENT INVOICE**

Form 2.3

Check the appropriate task order box(es):

1 Base fees

2 Incentive fees

3 Reimbursable

For proper payment, **complete this form AND** additional form(s) as required below:

For payment of Base (management) Fees: Complete Base Fee Form, per PRA.

For payment of Incentive Fees: Complete Incentive Fee Form, per PRA.

For payment of Reimbursable Expenses: Provide additional financial information, and if more than \$2,500,

OMHAR's written approval on Form 2.6 is required.

The data requested below must be complete:

CONTRACT NUMBER: _____

PROJECT NUMBER: _____

TASK ORDER NUMBER: _____

PAE Tax ID Number: _____

Date Service Delivered: _____

Date Service Accepted: _____

ASA Number: _____

PAE's Bank Account Number: _____

Check the appropriate box(es) and fill in the amounts per the PRA

Amount

Base fees (current request) _____

Incentive Fees (per PRA) _____

Reimbursable Expenses _____

TOTAL (include previously requested base fees and reimbursables): _____

Requested by PAE: _____ Date: _____

Approved by OMHAR FO: _____ Date: _____

(signature)

(signature)

Send this original invoice and supporting documentation to OMHAR Headquarters in accordance with PRA to:

insert address

Send a copy of all materials to the OMHAR Field Office. When approved, HUD will disburse funds.