

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

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

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 \$ _____	00183 \$ _____	

Single Family Program Codes

SFAES SFCRT SFHMA SFMCS
 SFRMT SFVST SFFMT SFLMA
 SFSEC SFMMI TICLP

Multifamily Program Codes

OBR FIF UPG MPG
 MFCRR MFRCS MFSSP MFCES
 MFTDP MFDPR

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. Reason _____
 Do not pay. Vendor will submit a revised invoice 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**