

PSC # _____

Account number (for routing purposes only) _____

Michigan State University Professional Services Contract

Invoice Approval Cover Sheet

Forward to Accounts Payable Invoice Audit, (103 Angell) with invoice attached

Contractor Name: _____

Line # of PSC*:	Description (including dates of service)	Dollar amount applied to line
Total amount of invoice to be paid:		

**Contact Purchasing to add lines or amend the existing professional services contract.*

Last payment, close out encumbrance

Approval for Payment:

Signature: _____	Date: _____
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*Authorized signer for account charged on Purchase Order***

INTERIM PAYMENTS:

"The services for which reimbursement is requested have been satisfactory rendered and the costs thereof are proper and due in accordance with the terms of the agreement."

Signed: _____
(Principal Investigator/Hiring Administrator)

FINAL PAYMENT:

"The services for which reimbursement is requested have been satisfactorily rendered and the costs thereof are proper and due in accordance with the terms of the agreement. I have received and accepted all technical information or other requirements that were required under this agreement. This is the final payment."

Signed: _____
(Principal Investigator/Hiring Administrator)

** Contract and Grant approval is necessary if charging accounts 61-0000 to 61-9999:

Signature: _____	Date: _____
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Contract & Grants Administration