



FACILITIES & SAFETY BUSINESS OFFICE

INVOICE SUMMARY LETTER AUTHORIZING PAYMENT

Project:

Vendor Name:

UNIVERSITY OF CENTRAL FLORIDA PURCHASE ORDER NO.

Subcontractor Pay Requisition No.

Date:

Purchase Order Amount: \$

Previous Amount Paid: \$

Amount this Period: \$

Balance to Finish: \$

Sales Tax Savings This Period: \$

Total Sales Tax Savings accrued to date this Purchase Order: \$

Invoice No. Invoice Date Amount

		\$
		\$
		\$
		\$
		\$
		\$
		\$

All materials for the above invoices has been delivered to the University of Central Florida campus, in good condition, and is for use at the University of Central Florida.

Total Invoices This Period: \$

Approved for Payment:  
(Subcontractor Name)

(Authorized Subcontractor Signature)

Construction Manager Approval:

**To be completed by Subcontractor**