

LEECH LAKE BAND OF OJIBWE PROGRESS PAYMENT APPROVAL FORM

Contractor Name:	
Contract Number:	P. O. #:
Account Number:	Contract Start Date:
Contract Amount:	Contract End Date:
Payment(s) Made to Date:	
The Contract Coordinator authorizes payment for product of the amount of \$ (attack)	ogress installment no for services rendered to ch vendor's invoice).
The Contract Coordinator affirms the contract service authorizes payment as defined in the contract docume	es rendered to date have been performed satisfactory and ent.
Contract Coordinator:	Date:
Division Director:	Date:

PROGRESS PAYMENT REQUEST(S) FOR AN INDEPENDENT CONTRACTOR WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THIS FORM. SUBMIT COMPLETED FORM AND INVOICE TO PURCHASING FOR PAYMENT PROCESSING.



CERTIFICATE OF COMPLETION FINAL PAYMENT APPROVAL FORM

Contractor Name	Contract Number
Contractor's Firm Name:	
Address:	Invoice No:
	Invoice Date:
	Purchase Order Number:
	Total Amount of Contract:
Telephone Number:	Amount Paid to Date:
	Amount Due:
	Date
To: LLBO Accounting Department	
This is to certify the final product of the contract #	with
ha satisfactorily fulfilled the terms of the contract. Final pay	as been reviewed by the Division Director and the contractor has ment to the contractor is hereby authorized.
Contract Coordinator:	Division Director:
Name	Name
Title	Title
Date	Date

FINAL PAYMENT REQUEST FOR AN INDEPENDENT CONTRACTOR WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THIS FORM. SUBMIT COMPLETED FORM AND INVOICE TO ACCOUNTING FOR PAYMENT PROCESSING.