POLICY 6 LATE CONTRACT PAYMENT REQUEST

1.Procuring Agency	**1** **Date**			
2. Allotment Code (Number And Name)	**2**			
3. Agency Contact (Name, Title and Phone)	**3**			
4.Contractor Name	**4.**			
5. Contract Term	**5.**			
6. Contractor vendor # **7. Contract # (orTOPsPO #)**	**6.**	**7.**		
8. Fiscal Yr. Of Late Paymt. **9. Dates of Services or Date Goods Ordered.**	**8.**	**9.**		
	Total	**State**	**Federal**	**Other (specify)**
10. Late Payment Amount	**10.**			
11. Available Contract Balance	**11.**			
12. Contract Purpose	**12.**			
13. Reason for Late Payment	**13.**			
13. Funding Confirmation: Agency Budget Officer	**Signature**			**Date**
14. Procuring Agency Head	**Signature**			**Date**
15. Certification of Funds Commissioner, Finance & Administration (Budget Office)	**Signature**			**Date**
16. Comptroller of the Treasury and other State officials (If required)	**Signature**			

Revised 1025/04