

## REQUEST FOR SECOND PARTY CHECK FORM

**Project Number:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Prime Vendor Name:** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_

**Total Amount of Invoice:** \_\_\_\_\_

*Enter dollar value without formatting*

**Second Party (Sub Contractor/Consultant):** \_\_\_\_\_

**Amount to be Paid to Second Party:** \_\_\_\_\_

*Enter dollar value without formatting*

**Justification:** (Attach additional back-up documentation as needed)

Approvals:

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Chief Counsel

**APPROVED FORM MUST BE SCANNED AND ATTACHED TO THE REQUISITION IN EXPEDITION. ALSO A HARD COPY MUST BE ATTACHED TO THE REQUISITION BEING SENT TO ACCOUNTS PAYABLE.**