



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: _____ Date: _____

VP Program Operations: _____ Date: _____

Chief Counsel: _____ Date: _____

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.