

VENDOR'S ORIGINAL CLAIM FOR GOODS AND/OR SERVICES



CMS CODE:   
(for UA use only)

FRS ACCOUNT:   
(for UA use only)

UA PURCHASE ORDER NO.:

(P.O. Number must appear on all documents)

PARTIAL  FINAL

**MAIL ALL DOCUMENTS TO:** (check box for UA dept.)

FACILITIES DESIGN & CONSTRUCTION (Room 300)

FACILITIES MANAGEMENT (Room 254)

**ADDRESS:** 220 W. SIXTH STREET

TUCSON, ARIZONA 85701-1014

VENDOR NAME AND ADDRESS:

VENDOR INVOICE NO.:

DATE:

DESCRIPTION	AMOUNT
PAYMENT APPLICATION NO.:	
U of A PROJECT NO.:	
PROJECT NAME:	
WORK COMPLETED THROUGH:	
AIA DOC G702 ATTACHED: <input type="checkbox"/>	<b>TOTAL DUE:</b>

**VENDOR INSTRUCTIONS**

- VENDOR DOCUMENTS MUST BE SUBMITTED WITH THIS FORM.
- EXPRESS MAIL IS REQUIRED TO STREET ADDRESS ABOVE.

**VENDOR MUST COMPLETE FOR PAYMENT**

**VENDOR CERTIFICATION**

I declare under penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief it is a true, correct and valid claim against the State of Arizona, and payment therefore has not been received.

FIRM: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

**OWNER CERTIFICATION**

We hereby certify under penalty of perjury that the items described above have been received and inspected, that the quantities are as stated and the condition is satisfactory; that we have examined this claim, that the expenditure is for a valid purpose and that the funds have been appropriated or are otherwise available for payment of this claim and that if the available funds are from a federal grant or source, this claim is allowable under the terms of such grant contract or source and payment of the amount claimed is hereby authorized and approved.

\_\_\_\_\_  
U of A AUTHORIZATION DATE

\_\_\_\_\_  
U of A AUTHORIZATION DATE

\_\_\_\_\_  
U of A DEPARTMENT FINANCIAL OFFICE APPROVAL DATE

**UA INTERNAL USE SECTION**

Review Date	FRS Amount	Object Code	PO Line No.	Reviewer Initials

NOTES: