220 W. Sixth Street P.O. Box 210300 Tucson, AZ 85721-0300 pdc.arizona.edu

# VENDOR'S ORIGINAL CLAIM FOR GOODS AND/OR SERVICES

## VENDOR NAME AND ADDRESS

#### **UA PURCHASE ORDER NO:**

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

## **VENDOR INSTRUCTIONS:**

- 1. Refer to  $\underline{\text{How to Use Vendor Claim Forms}}$  on the PDC Website for instructions.
- 2. Back-Up Documentation must be attached to this Form.
- Submit this Form electronically to the PDC Project Manager, or Submit via Express mail to the address below: Planning, Design & Construction 220 West Sixth Street (Room 300) Tucson, AZ 85701
- 4. Do not submit to UA Accounts Payable.

VENDOR INVOICE NO: DATE:

	AMOUNT				
PAYMENT APPLICATION NO.:					
U of A PROJECT NO.:					
U of A PROJECT NAME:					
TOTAL DUE:					
	TOTAL DUE:				

VENDOR MUST COMPLETE FOR PAYMENT					
VENDOR CERTIFICATION					
I declare under penalties of perjury that this claim has been examined by me and the best of my knowledge and belief is a true, correct and valid claim against the State of Arizona, and payment therefore has not been received.					
FIRM:					
SIGNED	DATE				

OWNER CERTIFICATION	<u> </u>
We hereby certify under penalties of perjury that the items been received and inspected, that the quantities are as star satisfactory, that we have examined this claim, that the exp purpose and that the funds have been appropriated or are payment of this claim, and that if the available funds are fro source, this claim is allowable under the terms of such grar payment of the amount claimed is hereby authorized and a	ted and the condition is enditure is for a valid otherwise available for on a Federal grant or at contract or source, and
PDC PROJECT MANAGER AUTHORIZATION	DATE
PDC BUSINESS SERVICES APPROVAL	DATE

# **UA INTERNAL USE SECTION**

Line #	Amount				Object Code			
Accounts Payable		CMS Entry S		Shar	harePoint			
1								
Fees	Reimburse		Pre-Con		Construct			
NOTES:								