

**PAYMENT FOR CONTRACTED SERVICES**

Date: [redacted]  
Account & User Ref#: [redacted]  
Name: [redacted]  
SS# or FEI #: [redacted]  
Address: [redacted]  
City: [redacted] State [redacted] Zip [redacted]  
Texas A&M Commerce Employee:  Yes  No  
Texas A&M System Employee (Any Part) :  Yes  No

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**Event:**

Name or Description of Event: [redacted]  
Services Rendered: [redacted]

Rate of Pay: \$ [redacted] per [redacted]

Total amount to be paid this period: \$ [redacted]

Partial Payment of Contract:

-OR-

Final Payment of Contract:

<b><u>Partial Payment Dates</u></b>	
Date: _____	\$ _____
Date: _____	\$ _____
Date: _____	\$ _____
Date: _____	\$ _____
Date: _____	\$ _____

W9 Form is required - If W9 is not on file, a delay in payment could occur.  
Check will be mailed unless stated otherwise in the original contract.

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**VENDOR CERTIFICATION:**

I certify that all above information is accurate and was deemed necessary for the event specified.

\_\_\_\_\_  
Signature of Contractor requesting reimbursement

\_\_\_\_\_  
Date

I confirm that the work performed by the contractor listed above has been accomplished during the time frame for which funds are requested.

\_\_\_\_\_  
Signature of Account Manager

\_\_\_\_\_  
Date