



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 [How to Use Vendor Claim Forms](#) on the PDC Website for instructions.
2. Back-Up Documentation must be attached with this Form.
3. Submit this Form electronically to the PDC Project Manager
4. Payment Due Date is 30 calendar days from Work Completed Through Date.
5. **Do not submit to UA Accounts Payable.**

VENDOR INVOICE NO:

DATE:

DESCRIPTION	AMOUNT
PARTIAL: FINAL: PAYMENT APPLICATION NO.: U of A PROJECT NO.: U of A PROJECT NAME: WORK COMPLETED THROUGH: PAYMENT DUE BY: TOTAL DUE:	

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 is a true, correct and valid claim against the State of Arizona, and payment therefore has not been received.

FIRM:

.....
SIGNED

.....
DATE

UA INTERNAL USE SECTION

Line #	Amount	Object Code

Accounts Payable	CMS Entry	SharePoint

Fees	Reimburse	Pre-Con	Construct

NOTES:

OWNER CERTIFICATION

We hereby certify under penalties 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.

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PDC PROJECT MANAGER AUTHORIZATION

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DATE