University of West Florida
Facilities Development & Operations

AECT2

CONSULTANT'S PAY REQUEST

Pay Request No. _____

To: **University of West Florida** **Building 90 Business Manager** **11000 University Parkway** **Pensacola, FL 32514-5750**	Page ___ of ___ Pages UWF Project No.: _____ Project Name: _____ P.O. Number: _____ Date:
From: (Company Name) (Company Address)	Remit to Address if Different:

SERVICE	TOTAL FEE	PERCENT COMPLETE	AMOUNT DUE	LESS PREVIOUSLY BILLED	AMOUNT DUE THIS INVOICE
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			$ -		$ -
TOTAL CONTRACT	$ -		$ -	$ -	$ -

Total due Architect/Engineer: $

CERTIFIED TO BE TRUE AND CORRECT BY:

Date	Signature of Principal	Typed Name and Title

Date Received

Project Manager
Signature and Date

Director
Signature and Date

Business Manager
Signature and Date

Assoc. Vice President
Signature and Date

INVOICE INSTRUCTIONS: Please prepare invoices properly to avoid delays in payment. Invoice using this standard format, and number consecutively starting with "1"; consultants may incorporate company invoice or job number. If remit address is different please include above. Submit (1) signed original; attach appropriate back-up documents for reimbursable items. Consultant's invoice should be signed by a principal of the firm. Please contact the business manager at (850) 474-3059 for all invoicing questions. Excel format may be obtained from the business manager.