

**JEFFERSON PARISH  
REQUEST FOR PAYMENT OF PROFESSIONAL SERVICES**

TYPE OF SERVICES:	PERIOD FROM:	PERIOD THRU:
CONTRACT DATE:	EXPIRATION DATE:	CONTRACT #:
PROJECT DESCRIPTION:		
AUTHORIZATION resolution number(s) or other authoritative source(s):		
AUTHORIZED CONTRACT AMOUNT: \$	AMOUNT PAID TO DATE: \$	
COMPUTATIONS, IF NECESSARY TO SUPPORT ATTACHED INVOICE	INVOICE #:	
GL ACCOUNT # (include project #)	\$	
GL ACCOUNT # (include project #)	\$	
GL ACCOUNT # (include project #)	\$	
<b>TOTAL TO PAY</b>	<b>\$</b>	
VENDOR #:	VENDOR NAME:	
VENDOR ADDRESS:		

**PAYMENT APPROVALS**

JP DEPARTMENT OF:	JP DEPARTMENT OF ACCOUNTING	ARCHITECTS/ENGINEERS:
DIRECTOR: (print name)		PRINT NAME:
** SIGNATURE:	SIGNATURE:	SIGNATURE:
DATE:	DATE:	DATE:

\*\* Signature of JP Departmental Director indicates that this pay request was verified and satisfies the payments terms contained within the above referenced contract.