

# VOUCHER REVIEW SHEET

**Contract No.:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Received in DCM/OPS: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date Due In DCM: \_\_\_\_\_

Date Due In PSC/DFS: \_\_\_\_\_

- \_\_\_\_\_ Cost Reimbursement
- \_\_\_\_\_ Fixed Price
- \_\_\_\_\_ IQC Work Order
- \_\_\_\_\_ Letter of Credit
- \_\_\_\_\_ Contract Financing Payment  
(N/A if Letter of Credit)

**To:** \_\_\_\_\_, Project Officer

**From:** \_\_\_\_\_, Division of Contracts Management, OPS, SAMHSA  
PKLN. Bldg. Room 13C-06 or Rockwall II, Suite 640

**Subject:** Voucher No.: \_\_\_\_\_

Period Covered: \_\_\_\_\_

Contractor Point of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Project Officer:**

Please review the Voucher, answer the following and return to DCM by date shown above.

	YES	NO
1. Are costs commensurate with efforts expended?	_____	_____
2. Are all elements of cost reasonable, in support of contract performance and consistent with amounts negotiated?	_____	_____
3. Have deliverables received during the period been timely and acceptable	_____	_____
4. Do you recommend payment be made as claimed?	_____	_____
5. Do you question any costs claimed? If yes, explain below. (ATTACH ADDITIONAL SHEET OF PAPER IF NEEDED):	_____	_____

**P.O. sign and date here:** \_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_

**To: Program Support Center:** PAY THIS AMOUNT: \$ \_\_\_\_\_  
 Division of Fiscal Services AMOUNT CLAIMED: \$ \_\_\_\_\_  
 Room 16A-12 AMOUNT TO BE SUSPENDED FROM PAYMENT: \$ \_\_\_\_\_

In accordance with the Prompt Payment Provisions (Subsection (b)(4)), INTEREST IS, IS NOT payable under this Invoice or "Contract Financing Payment." TO BE PAID NOT LATER THAN \_\_\_\_\_.

**\* NOTE: THIS INVOICE/VOUCHER IS APPROVED FOR PROVISIONAL PAYMENT ONLY.**

All payments are subject to change pending final audit.

Reason for Suspension:

Approved for payment: \_\_\_\_\_  
*Contract Specialist*

**Date:** \_\_\_\_\_