

**INVOICE CERTIFICATION**

Date: \_\_\_\_\_  
 Accounting Received Date: \_\_\_\_\_

**Required in accounting by \_\_\_\_\_  
 to avoid interest charges.**

CONTRACTOR: \_\_\_\_\_  
 CONTRACT (PO) - TASK#: \_\_\_\_\_ **Discount Terms:** \_\_\_\_\_  
 INVOICE #: \_\_\_\_\_  
 INVOICE DATE: \_\_\_\_\_  
 INVOICE AMOUNT: \$ \_\_\_\_\_

TO: TECHNICAL OFFICER REPRESENTATIVE (TOR): \_\_\_\_\_  
 TOR Routing Symbol/fax number: \_\_\_\_\_  
 CONTRACTING OFFICER (CO): \_\_\_\_\_  
 CO Routing Symbol/Fax number: \_\_\_\_\_

FROM: ACCOUNTING TECHNICIAN: \_\_\_\_\_ Amber Lawson 405-954-6619  
 Routing Symbol/fax number: \_\_\_\_\_ AMZ-110 Fax# 405-954-7287

**TOR ENDORSEMENT**

Please review the attached invoice for your recommendation for payment/acceptance. Discount terms have been annotated at the top of this form. After checking the correct response endorse below. All disapproved invoices should be delivered to the Contracting Officer (CO) for adjudication by the date indicated. Both the CO and the Accounting Office should be informed immediately of any invoices requiring adjudication. Retain a TOR copy of this form and a copy of the invoice for your records.

- **Cost-reimbursement contracts** must be delivered to the CO for second endorsement by the date indicated above to avoid interest penalties.
- **Fixed-price / Construction / Other Contracts** must be delivered directly to the Accounting Office to avoid interest penalties. **CO ENDORSEMENT IS NOT REQUIRED.**
- **Disapproved invoices** must be forwarded to the CO for adjudication.

*I recommend **Approval/Disapproval** of the invoice cited above. The costs incurred **are/are not** reasonable or allocable for the reason indicated in the remarks area below.*

**The PRISM acceptance date is** \_\_\_\_\_

TOR: \_\_\_\_\_ *Date* \_\_\_\_\_  
Printed Phone Number Signature

REMARKS: \_\_\_\_\_

<b>Distribution:</b>	Line #	Ship #	Dist. #	Amount to apply:
				\$
				\$

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**CONTRACTING OFFICER ENDORSEMENT (if required)**

Certification for approved invoices should be delivered to the Accounting Branch. If approved, sign below and retain the CO copy of this form. Send or fax the Original to AMZ-110. If payment is to be withheld or suspended due to adjudication, you must notify the vendor, in writing, within 7 days of the reason for non-payment. Please provide a copy of the written notification to the Accounting Branch, AMZ-110.

*I have reviewed the invoice and the TOR's recommendation and hereby Approve/Disapprove payment.*

CO: \_\_\_\_\_ *Date* \_\_\_\_\_  
Printed Phone Number Signature