

VOUCHER REVIEW SHEET

Contract No.:

Contractor: _____ **(CONTRACTOR FILL-IN)**

Contractor Sent Date: _____ **(CONTRACTOR FILL-IN)**

Receive in DCM/OPS: _____ **(DCM FILL-IN)**

Date Due in DCM: _____

Date Due in PSC/DFS: _____

- Cost Reimbursement**
- _____ **IQC Work Order**
- _____ **Letter of Credit**
- _____ **Fixed Price**
- _____ **Contract Finance Payment**
(N/A if Letter of Credit)

To: _____, **Project Officer (CONTRACTOR FILL-IN)**

From: _____, **Contract Specialist, Division of Contracts Management, OPS, SAMHSA (CONTRACTOR FILL-IN)**

Subject: Voucher No.: _____ **(CONTRACTOR FILL-IN)**

Period Covered: _____ **(CONTRACTOR FILL-IN)**

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:
Division of Fiscal Services
Room 16-23**

PAY THIS AMOUNT:	\$
AMOUNT CLAIMED:	\$
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 A 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