Attachment 2

Payment Log Sheet

Award Number (CT, DO, TO): ____

Vendor Name: ____ Award Date: _________________________

Vendor Code: ____ Exp. Date: ___________________________

Document Control Number: _____________________________________ Amount: ____________________________

BBFY/EBFY: __________ Account No.: __________________________ Object Class: _________________________

FFS Obligation Reference Line No.: ____________ Amount Obligated: ___________________________

Payment Document Number	Invoice Number	Invoice Date	Invoice Received Date	Invoice Amount	Award Balance	Date Processed In FFS	Remarks