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INCOG SECTION 5310 PAYMENT REQUEST

DATE:

REPORTING PERIOD:

SUBMITTING AGENCY:

CONTACT:

PHONE:

E-MAIL:

FUNDING SOURCE(S): **SECTION 5310**

Expense Category:

Company of Invoice:

Invoice Item:

Check #:

Total Amount of Invoice:

Local Match:

Payment Request:

Date:

Requirements:

*Include full invoice s backup documentation

*Attach copy of check showing payment