

## THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

## PAYMENT REQUEST FOR CONTRACTED SERVICES

(This form to be used in lieu of an original approved invoice.)

OM: Originator of Request/T	tle (Name Typed)	
Location Name	Location	on Number
	en rendered on nd payable to the Contractor day of,	an in accordance with the Agreement dul
Purchase Order Numb	per	
Total Amount Due (L	ump sum payment) \$	
	Or	
Partial Payment #	in the amount of \$	
•	rtial payments (Note that subs	s (FM-2453) must be submitted with al sequent partial payments require a copy
-	py of the Accounts Payable Pu	rchase Order; <b>and</b>
original approved invo	ce or this Payment Request Fo	r Contracted Services form (FM-2454).
<ul> <li>written evaluation upo</li> </ul>	n the completion of services	
Signature		
Contractor		Date
Signature Originator of Regu	<u>-</u>	 Date