

UAB FACILITIES
PERIODIC PAY REQUEST
Document Transmittal

DATE: _____ **Account/Object Code:** _____
Vendor #: _____

PROJECT: _____

UAB PROJECT #: _____ **B.C. # :** _____

PAY REQUEST# _____ **PAY REQUEST AMOUNT:** _____

COMPANY: _____

UAB CONTACT: _____ **PHONE:** _____

Funding for this Payment Request is included in the construction budget, set forth in the latest approved Project Financing and Scheduling Report No. _____, dated _____

COMMENTS: _____

RECOMMENDED:

_____	DATE: _____
Field Project Manager	
_____	DATE: _____
Project Manager	
_____	DATE: _____
Department Director	

APPROVALS: This Payment Request is approved for payment contingent upon verification of sales tax purchase by the contractor through the UAB Sales Tax Agreement.

_____ **DATE:** _____
Associate Vice President for Facilities