

**HVCC**  
***PARTIAL PAYMENT REQUEST***

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

PO #: \_\_\_\_\_

Qty Rec'd	Description of Service/Merchandise Rec'd	Amount

1. Note Quantity of Items Received Above or Describe Services Rendered.
2. Note Shortages, Damages and/or Discrepancies.
3. Attach Invoices.
4. Sign and Return to Accounts Payable.

Please authorize a partial payment on the above referenced Purchase Order. Supporting documentation has been attached for your information. Thank You.

Approval Signature: \_\_\_\_\_

Return to Accounts Payable Office, ADMIN 260