HVCC

PARTIAL PAYMENT REQUEST

Date: ____________________________________________

Vendor Name: ____________________________________________

PO #: ____________________________________________

<table>
<thead>
<tr>
<th>Qty Rec’d</th>
<th>Description of Service/Merchandise Rec’d</th>
<th>Amount</th>
</tr>
</thead>
</table>

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