

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**U.S. COAST GUARD CONTRACT PAYMENT APPROVAL**

Contractor:	Contract Number:
	DO/TO No:
FROM: _____, Contract Specialist/Contracting Officer	TO: _____, Finance Center, Accounts Payable

Choose from the following:  
 (a) Pay the full amount \$ \_\_\_\_\_  (b) Pay \$ \_\_\_\_\_ Retain \$ \_\_\_\_\_

**REASON FOR RETENTION**

Choose from the following:

<input type="checkbox"/> (a) Complete Document Numbers ( <i>Must Contain 16 Characters Each</i> ): Doc No.: _____ \$ _____ Doc No.: _____ \$ _____ Doc No.: _____ \$ _____	<input type="checkbox"/> (b) Accounting Data for this Invoice/Voucher is as follows: Doc No. ( <i>13 Characters Only</i> ): _____ & Acctg Line: _____ \$ _____ Acctg Line: _____ \$ _____ Acctg Line: _____ \$ _____
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Contract/Order Balance After this Payment: \$ _____	Type of Payment: <input type="checkbox"/> Final <input type="checkbox"/> Partial <input type="checkbox"/> Cost-Reimbursement Progress
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Contract Financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assignment of Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discount for Prompt Payment: 10 Days: _____ %    20 Days: _____ % 30 Days: _____ %    _____ Days: _____ %	Payment Terms: _____ Days
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Acceptance Date:	COTR Signature: _____	COTR Initials ( <i>Optional</i> ): _____
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Additional Comments:

Date Signed:	Contract Specialist/Contracting Officer Signature: _____
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Contact for Payment Questions:  
Name (*Last, First, MI*): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

