



**LEECH LAKE BAND OF OJIBWE
PROGRESS PAYMENT APPROVAL FORM**

Contractor Name: _____

Contract Number: _____ P. O. #: _____

Account Number: _____ Contract Start Date: _____

Contract Amount: _____ Contract End Date: _____

Payment(s) Made to Date: _____

The Contract Coordinator authorizes payment for progress installment no. _____ for services rendered to date in the amount of \$ _____ (attach vendor's invoice).

The Contract Coordinator affirms the contract services rendered to date have been performed satisfactory and authorizes payment as defined in the contract document.

Contract Coordinator: _____ Date: _____

Division Director: _____ Date: _____

PROGRESS PAYMENT REQUEST(S) FOR AN INDEPENDENT CONTRACTOR WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THIS FORM. SUBMIT COMPLETED FORM AND INVOICE TO PURCHASING FOR PAYMENT PROCESSING.



**CERTIFICATE OF COMPLETION
FINAL PAYMENT APPROVAL FORM**

Contractor Name _____

Contract Number _____

Contractor's Firm Name: _____

Address: _____

Invoice No: _____

Invoice Date: _____

Purchase Order Number: _____

Total Amount of Contract: _____

Telephone Number: _____

Amount Paid to Date: _____

Amount Due: _____

I hereby certify that services required and described under the above referenced Independent Contractor Agreement have been completed. My final invoice is attached for payment.

Signature of Contractor

Date

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To: LLBO Accounting Department

This is to certify the final product of the contract # _____ with _____

_____ has been reviewed by the Division Director and the contractor has satisfactorily fulfilled the terms of the contract. Final payment to the contractor is hereby authorized.

Contract Coordinator:

Division Director:

Name

Name

Title

Title

Date

Date

FINAL PAYMENT REQUEST FOR AN INDEPENDENT CONTRACTOR WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THIS FORM. SUBMIT COMPLETED FORM AND INVOICE TO ACCOUNTING FOR PAYMENT PROCESSING.