

## Leech Lake Band of Ojibwe

## PROGRESS PAYMENT APPROVAL FORM

Contract Number:	P.O. #:
Account Number:	
Contract Amount:	
Payment(s) Made to Date:	

The Contract Coordinator authorizes payment for pro	gress 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:
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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.



## Leech Lake Band of Ojibwe CERTIFICATE OF COMPLETION FINAL PAYMENT APPROVAL FORM

Contractor Name	Contract Number
Contractor's Firm Name:	
Address:	Invoice No.:
	Invoice Date:
	Amount Paid to Date:
Telephone Number:	Amount Due:
Agreement have been completed. My final invoice	
Signature of Contractor Date	
To: LLBO Accounting Department	
This is to certify the final product of the contract # has been review	with wed by the Division Director and the contractor has
satisfactorily fulfilled the terms of the contract. Fin	
Contract Coordinator:	<b>Division Director:</b>
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.