RI

$0.00

The Rhode Island U.S.T. Review Board

VENDOR EXPENDITURE (cont.)

Please use this sheet for additional invoices.

Invoice Information

Invoice #	Invoice Date	Purpose	$ Amount Spent
		Total Amount (Both Pages)	**$0.00**

The Rhode Island U.S.T. Review Board

VERIFICATION OF PAYMENT

This form is to certify payment of invoices. Please have each vendor complete and sign to verify payment. If using cancelled checks as proof of payment, please be sure to send a copy of both the front and back of the check. Please note that both the applicant and the vendor must have this form notarized. If additional space is needed, please use the extra sheet provided. Please type.

Vendor Information

Vendor Name	
Contact Person	
Mailing Address	**Street:** **City:** **State:** **Zip:** **Phone# ( )** **Fax# ( )**

Site Information

Site Name	**Street:** **Lat.:** **City:** **State: RI** **Zip:** **Long.:** **Phone# ( )** **Fax# ( )**

This form is to serve as verification that _____(Vendor Name) has received payment from

_____(Claimant name) for the following invoices:

Invoice Information

Invoice #	Invoice Date	Date Paid

The Rhode Island U.S.T. Review Board

VERIFICATION OF PAYMENT(cont.)

Please use this sheet for additional verifications of payment.

Invoice Information

Invoice #	Invoice Date	Date Paid

2001

2001

2001