

**VALENCIA COLLEGE
CERTIFICATION OF SERVICES**

USE THIS FORM ONLY IF:

Vendor/Contractor DOES NOT provide invoices. (Complete Sections A, B, C, & D)

OR

Check is needed PRIOR to an event so that it can be hand delivered. (Complete Sections A, B, & C)

(NOTE: Section D should be completed AFTER the services are provided, please send to Accounts Payable, DO-330)

A. VENDOR INFORMATION (MUST be a Valencia Vendor)

Date: _____
Vendor's Name: _____
V-Number: _____
Address: _____
Description of Service: _____
Date of Service: _____

B. PRIOR PAYMENT

Amount Due \$ _____

Please process payment prior to event and send check to:
_____ at Mail Code _____

REQUIRED: I certify that the payment will be distributed after the performance and/or service has been completed satisfactorily.

Budget Manager Signature

Budget Manager Printed Name

Date

C. PURCHASE ORDER INFORMATION

Purchase Order Number (Required) _____

PARTIAL PAYMENT (PO will remain open) OR FINAL PAYMENT (PO will be closed)

D. SERVICE COMPLETED (Complete this section AFTER services are provided)

Date Service Completed _____

I certify that (1) Contract Agreement has been completed, (2) Services have been performed and amount due is approved for payment, and (3) If purchased with grant funds, used for grant approved activities prior to the last date of the grant(s).

Signature

Printed Name

Date