

PERFORMANCE BASED PAYMENT REQUEST

1. Payment Office Address
DFAS

2. Contractor Name/Address
Contractor Name
Contractor Street Address
Contractor Street Address
Contractor's City, ST Zip +4
(Area Code) Phone No. & Fax No.

3a. Contract No.: _____ 3b. Order No.: _____

4. Shipment No.: _____

5. Invoice No.: _____

6. Invoice Date: _____

7. Customer Code: _____

8. CLIN	9. ACRN	10. EVENT	11. US	12. EVENT DESCRIPTION	13. QTY	14. AMOUNT PER EVENT	15. AMOUNT
				To charge the U.S. Government for completion of the following Performance Based Payment Event(s), in accordance with Basic contract and Modification _____			0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
16. SUB-TOTAL							0.00

17. CERTIFICATION: I certify to the best of my knowledge and belief that 1) This request for performance based payment is true and correct; this request (and attachments) has been prepared from the books and records of the contractor, in accordance with the contract and the instructions of the Contracting Officer, 2) (Except as reported in writing on _____), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business, 3) There are no encumbrances (except as reported in writing on _____) against the property acquired or produced for, and allocated or properly charged to, the contract which would affect or impair the government's title, 4) There has been no materially adverse change in the financial condition of the contractor since the submission by Contractor to the Government of the most recent written information dated _____ and, 5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

Signed _____ Date _____
 Typed Name and Title _____

18. TOTAL AMOUNT REQUESTED ALL PAGES

19. AMOUNT APPROVED FOR PAYMENT **0.00**

20. ACO Signature _____ Date Approved _____

ACRN INFORMATION SUPPLIED ON ATTACHED SCHEDULE