

Vendor Invoice or Pay Application - Capital Projects Only



Vendor Name:

Work Authorization or Contract #:

Invoice #:

Pay Through Date:

Invoice Date:

Invoice Sequence #:

Parent  
Project

SWIFT  
PROVIDED BY  
PROJECT MANAGER

Dollar Amount

Project

Task

Invoice Total:

**Comments:** (Please use this area as needed (i.e., if you have a Page 2; or if you have additional information you need to provide to the DEC representative regarding your invoice in addition to that provided above)).