

INVOICE PAYMENT ACTION REQUEST

TO: HQ DPSC - SPCA 2800 S. 20th Street Philadelphia, PA 19101	FROM (DCASR):	DCASR CONTROL NUMBER
CONTRACTOR'S NAME	CONTRACT NUMBER	DISCOUNT EXPIRATION DATE

PART I - REQUEST DISPOSITION OF OVER DELIVERIES *(For DCASR Use Only)*

INVOICE NUMBER	ITEM NUMBER	CONTRACT QUANTITY	VARIANCE QUANTITY	TOTAL AUTHORIZED QUANTITY	SHIPPED QUANTITY	QUANTITY DIFFERENCE BETWEEN COL E & F	UNIT PRICE	DOLLAR DIFFERENCE <i>(Col G x H)</i>
a	b	c	d	e	f	g	h	i

PART I - REQUEST DISPOSITION OF OVER CONTRACTOR BILLING AT UNIT PRICE HIGHER THAN SPECIFIED IN ORDER *(For DCASR Use Only)*

INVOICE NUMBER	ITEM NUMBER	ITEM QUANTITY	CONTRACT UNIT PRICE	INVOICE UNIT PRICE	DIFFERENCE <i>(Col E minus D)</i>	TOTAL INCREASE <i>(Col C x F)</i>
a	b	c	d	e	f	g

ENTIRE PAYMENT BEING WITHHELD <i>(IF "YES", EXPEDITE)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT TO BE OBLIGATED
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TYPED NAME AND TITLE <i>(AFO or Deputy)</i>	SIGNATURE	DATE
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PART II - REQUEST DISPOSITION OF CONTRACTOR BILLING AT UNIT PRICE HIGHER THAN SPECIFIED IN ORDER *(For DCASR Use Only)*

FUNDS APPROVED IN THE AMOUNT OF \$ _____
 DISAPPROVED
 OTHER

REMARKS *(Continue on reverse side if necessary)*

TYPED NAME AND TITLE OF CONTRACTING OFFICER	SIGNATURE	DATE
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