

NON-CONTRACTUAL PROCUREMENT PAYMENT REQUEST

NCP Number:
<input type="checkbox"/> CARB <input type="checkbox"/> EPA

DIVISION INFORMATION

Contact Name:	
Division Name:	Email Address:
Telephone Number:	Date Requested:

PAYEE INFORMATION

Name:	
Address:	City/Zip Code:
FEIN:	Date Needed By:

NON-CONTRACT SERVICE TYPE

<input type="checkbox"/> Training
<input type="checkbox"/> Permits
<input type="checkbox"/> Membership
<input type="checkbox"/> Conferences/Exhibition Booths/Sponsorships
<input type="checkbox"/> Other (If selected Justification Section must be completed)
<input type="checkbox"/> Fees (CEQA fees, Rental Fees, Registration, etc.)

JUSTIFICATION

If selected "Other" above, you must provide a justification:
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FUNDING INFORMATION

ENY:	Fund:
Appropriation Reference:	Account:
Alternate Account:	Program:
Project:	Activity:
Reporting Structure:	Amount:
Service Location:	

SIGNATURES

Requester Name:	
Signature:	Date:
Supervisor/Manager:	
Signature:	Date:
Division Liaison/Admin Support Name:	
Signature:	Date:
Division Chief/Delegated Authority Name:	
Signature:	Date:

ADMINISTRATIVE SERVICES DIVISION APPROVALS

Contracts/Procurement and Grants Branch:	
Signature:	Date:
Budget Analyst Name:	
Signature:	Date:
ASD Chief: (required if over \$10k)	
Signature:	Date: