

PAYMENT DATA FORM

Delegation Number: _____ Compliance Review Date: _____

Agency and Office Name: _____

Contact Name and Phone: _____

(The above information is to be completed by Delegation Review staff.)

1. Paid with CAL-Card? Yes___ Date of I.M.P.A.C. Financial Summary: _____

Date of Claim Schedule: _____

No___ Complete #2 through #10 below.

2. Contract or Purchase Document Number: _____

3. Product Purchased: _____

4. Payment Terms: _____ 5. Date of Delivery: _____

6. Invoice Number¹: _____ 7. Date of Invoice: _____

8. Date Invoice Received: _____ 9. Date of Claim Schedule: _____

10. Certified Small Business? _____

If any of the information requested is unknown or not available, please indicate so; do not leave any space blank.

Please return the completed form within 10 working days of Compliance Review Date to:

Lea Fox, Manager
Prompt Payment Quality Assurance Program
Department of General Services
Procurement Division
1500 – 5th Street or P. O. Box 942804
Sacramento, CA 94204-0001

Telephone: (916) 323-0802
E-mail: lea.fox@dgs.ca.gov

THANK YOU

¹ If there are multiple invoices relevant to this procurement, provide information on the last invoice only.