PAYMENT AUTHORIZATION FOR WORK TO BE PAID FOR BY CSM

(To be executed after completion of work.)

Dates/hours worked:		
Fund number:	FUND MANAGER'S SIGNATURE	DEPARTMENT
Amount of payment is based or	CSM contract in place at the time the work	c was performed.
Please submit this copy with or form requesting to engage in ac	riginal signatures to Human Resources. Plea	se attach your original