

Amount Due: \$ _____

I certify that I am acting as an independent contractor am not employed by the Center for Veterans Research and Education.

Vendor Signature

Date

Principal Investigator / Researcher / Authorized Requestor Certification

I certify the services described above have been performed and approve payment.

PI/Researcher/Authorized Requestor Signature

Date

Phone #

Project # : _____

CVRE Authorization

Signature and Date