



800-606-4227 fax 916-435-3048

**PayVoucher© # - Request for Payment**

**Property Owner Information**

Name: \_\_\_\_\_ CIS File #: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**General Contractor Information**

**Supplier/Laborer or Subcontractor Payee Information**

Legal Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax: \_\_\_\_\_

Unless Incorporated the Tax ID or SS # for payee on this PayVoucher© must be on file for payment to be issued \_\_\_\_\_ if incorporated write INC after payee named below.

Line Item # \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Line Item # \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Line Item # \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Amount for this PayVoucher \$ \_\_\_\_\_

Payable to \_\_\_\_\_ Overnight: Yes \_\_\_ No \_\_\_

Payment authorized by \_\_\_\_\_ Date: \_\_\_\_\_  
General Contractor or Owner Builder

The authorized signature above must be listed as one of the authorized signatures on file with this office. If check is to be sent via overnight mail or wire, a fee of between \$5-\$55 may be deducted from this payment.

**Purchase Power Program - Instruction to all suppliers when accepting this PayVoucher© (PV) as payment for materials:**

**Fax this PayVoucher to 916-435-3048 along with quote, order form and/or invoice and Conditional Lien Release/Waiver for all materials being requested. CIS File # may be used as the PO #. Hold order on will-call until you receive faxed written approval from CIS. CIS will not guarantee payment on any PV not pre-approved by CIS. Materials must be designated for property address listed on this PV.**