



ICI Subcontractor Invoice Approval

AP _____ DATE _____ PM _____ DATE _____ AR _____ DATE _____

Subcontractor Invoice Number:

Subcontractor Name / Address:

ICI Contract Number:

ICI Deltek Project Number:

ICI Deltek Account Number:

ICI Contract Description:

DELIVERABLE:

PAYMENT TERMS:

- ☐ I hereby certify that the above-named subcontractor has satisfactorily performed the services noted on the attached invoice and has provided all required deliverables and approve the invoice for payment.

Signature

Printed Name

Date

- ☐ I do not approve payment of the attached invoice because:

Signature

Printed Name

Date

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Subcontractor Invoice Number:

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[illegible]