OUTSTANDING PAYABLES
(THIS IS NOT A CLAIM FORM)

Governmental Unit _____ **Submission date** _____

Project Title _____ **Project Ending date** _____

Project Number _____

(1) Cost Category	(2) Description of Item	(3) Date Ordered	(4) Anticipated Receipt Date	(5) Estimated Cost	(6) GOHS Use

Copies of Purchase Order(s) Must be Attached