

Vendor Information									
Vendor Name:					Mailing Address:				
Vendor Number:					Address Code/Seq#				
Lease Information & Instructions									
Lease Name			Lease Number:			Lease Payment Date(s):			
Lease Location:			First Payment Due Date:			Total # of Months:		Lease Amount:	
Terms	Start Date	End Date	# months	Amount	Lease Total	O&M	O&M Total	Monthly Payment	
1.									
2.									
3.									
4.									
5.									
6.									
Total									
Budget Code:				Sub Code Lease:				Sub Code O&M:	
Approval Information									
Department Name						Phone #:			
Lease Processing Form Submitted By:						Date:			
Submitter Full Signature:									
Lease Processing Form Approved By:						Date:			
Approver Full Signature:									
The original lease and associated documents supporting these payments are located in the Office of Real Estate and Space Management.									
FOR ACCOUNTS PAYABLE USE ONLY DO NOT WRITE BELOW THIS LINE									
Payment terms verified?		Processor Initials:		Date Keyed:		Invoice Number:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:							
Accounts Payable Department Attn: Monique Johnson-Dowe, Accounts Payable Manager invoice@odu.edu Norfolk, VA 23529-0047									

PLEASE RETURN THE EXECUTED COPY TO THE OFFICE OF REAL ESTATE AND SPACE MANAGEMENT