U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4280 (Rev. 04-09)	**U.S. COAST GUARD CONTRACT PAYMENT APPROVAL**

Contractor	Contract Number DO/TO No
Invoice /Voucher No.	Date Proper Invoice/Voucher Received
From **, Contract Specialist/Contracting Officer**	To **, Finance Center, Accounts Payable**

(a) [ ] Pay the full amount $ _____	**OR**	(b) [ ] Pay $ _____ Retain $ _____

Reason for Retention

(a) [ ] Complete Document Numbers *(must contain 16 characters each):* Doc No:_____ $ _____ Doc No:_____ $ _____ Doc No:_____ $ _____	**OR**	(b) [ ] The accounting data for this invoice/voucher is as follows: Doc No *(13 characters only)*: _____ **AND** Acctg line: _____ $ _____ Acctg line: _____ $ _____ Acctg line: _____ $ _____

The contract/order balance after this payment is $ _____

Type Payment: ☐ Final ☐ Partial ☐ Cost-Reimbursement ☐ Progress

Contract Financing: ☐ Yes ☐ No | Assignment of Claims? ☐ Yes ☐ No

Discount for Prompt Payment:

10 Days _____ % 20 Days _____ % 30 Days _____ % _____ Days _____ %

Payment Terms: _____ Days

Acceptance Date	COTR Signature

Additional Comments

Signature

_____ _____

Contract Specialist/Contracting Officer Date

For Payment Questions Contact

_____ _____ _____

Name Telephone E-mail

Reset