

2990 - 440320 Facilities

Date: \_\_\_\_\_

Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Line Item</b>	<b>Description</b>	<b>Amount</b>
357	Other Professional Services	_____

Submitted by: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_