



DIVISION OF RURAL SERVICES
SERVICE AREA INVOICE APPROVAL FORM

Service Area: _____

Contractor/Vendor: _____

Invoice No.: _____ Invoice Date: _____

Invoice Amount: _____

Description: _____
(optional) _____

Commissioner Approval:

I have reviewed the work performed per the invoice and to the best of my knowledge the work completed satisfies the contract for payment.

Name

Signature

Date

(forms that are not signed will not be accepted)

Please submit approval for payment as soon as possible after receipt of commission copy of invoice.

Submit form to FNSB Rural Services Division:

Deliver: 520 5th Ave., First Floor, Suite D

Mail: PO Box 71267, Fairbanks, AK 99707

Fax: 907-459-1499

Email ruralservices@fnsb.us

date received

(office use only)