



Government Of The United States Virgin Islands

**DEPARTMENT OF EDUCATION**

1834 Kongens Gade, St. Thomas, VI 00802-6746  
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**CONTRACTUAL PAYMENT REVIEW REQUEST  
FORM FOR PROFESSIONAL SERVICE**

To: \_\_\_\_\_

From: \_\_\_\_\_

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

Please review Invoice # \_\_\_\_\_ for payment. Deliverables are attached for your review and approval for payment.

**Payment Information:**

Purchase Order #: \_\_\_\_\_ (If Applicable) Payment Amount: \_\_\_\_\_

Organization Code: \_\_\_\_\_

Project Code: \_\_\_\_\_

Object Code: \_\_\_\_\_