

**Part 1 TO BE COMPLETED/VERIFIED BY UNOPS HR**
**Person Information**

|       |              |                |            |
|-------|--------------|----------------|------------|
| Name: | Nationality: | Vendor Number: | PO Number: |
|-------|--------------|----------------|------------|

**Contract Information**

|                            |                                |  |
|----------------------------|--------------------------------|--|
| Contract Start/ End Dates: | Contract basis:<br>lumpsum     | Contract No:   |
| Duty Station:              | Fee:<br>USD .      per lumpsum | To be completed for Lump Sum Contracts:<br>1st installment _____<br>2nd installment _____<br>3rd installment _____ |

**Accounts to which payment should be charged:**

| FY | BU    | Account | OU | Fund | DeptID | Project | Activity | Agent | Donor | Pct | Start Date | End Date |
|----|-------|---------|----|------|--------|---------|----------|-------|-------|-----|------------|----------|
|    | UNOPS |         |    |      |        |         |          |       |       | 100 |            |          |

**Part 2 TO BE COMPLETED BY INDIVIDUAL CONTRACTOR**

| Duty Station | Dates Worked (From / To) | Payment due as per contract |
|--------------|--------------------------|-----------------------------|
|              | /                        |                             |
|              | /                        |                             |
|              | /                        |                             |

**CONTRACT HOLDER BANKING INSTRUCTIONS:**

|            |                 |
|------------|-----------------|
| Bank Name: | Account Number: |
|------------|-----------------|

Important: Payment will ONLY be made if Part 2 of this form is fully and accurately completed and signed, including dates/days worked, complete bank details and signature. If you have not previously provided full banking details or if you want to change your banking details, please make sure to complete a Vendor/Person Profile Update form and attach it to this form.

Payments will be made at the UN operational rate of exchange in effect at the time payment is made. Bank charges related to payment will be borne by the contract holder.

|   |  |
|---|--|
| I certify that the dates indicated above are an accurate account of the services and duties performed under the terms of the contract and the applicable leave rules. | Contract holder:<br><br><hr/> Signature <span style="float:right">Date (DD/MM/YYYY)</span> |
|---|--|

**Part 3 TO BE COMPLETED BY HR/PORTFOLIO MANAGER**

|              |   |                                    |                                |
|--------------|---|------------------------------------|--------------------------------|
| PAYMENT TYPE | <input type="checkbox"/> INITIAL<br>(attach copy of contract) | <input type="checkbox"/> RECURRENT | <input type="checkbox"/> FINAL |
|--------------|---|------------------------------------|--------------------------------|

|                                      |  |
|--------------------------------------|--|
| TOTAL PAYMENT (Currency and Amount): |  |
|--------------------------------------|--|

**Part 4 TO BE COMPLETED BY SUPERVISOR**

|   |   |  |
|---|---|--|
| <b>Checklist for Final Payments:</b><br><input type="checkbox"/> Final Report accepted<br><input type="checkbox"/> Final Report not required<br><input type="checkbox"/> Performance Evaluation Report completed and signed<br><input type="checkbox"/> Exit Clearance Form received (where applicable) | I certify that the work was satisfactorily performed during the above mentioned dates as per the terms of the contract, that the leave records of the contract holder have been updated until the date of this certification and that due procedures and controls are in place at the operating unit, with respect to leave and attendance management, so that no overpayments will occur by the end of the contract. |  |
|   | Requesting Officer (Supervisor, please print name and title)  | Authorized Committing Officer (if different from Requesting Officer - please print name and title) |
|   | Signature <span style="float:right">Date (DD/MM/YYYY)</span>  | Signature <span style="float:right">Date (DD/MM/YYYY)</span>                                       |

**INCOMPLETE OR ERRONEOUS BANK INFORMATION WILL DELAY OR PREVENT PAYMENT TO YOUR ACCOUNT**