

# LINCOLN UNIVERSITY

## Professional, Personal, Consulting, and Social Services Performance Verification

### Contractual Information

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**Contract Number:** \_\_\_\_\_

(if available)

**PO Number:** \_\_\_\_\_

**Amount to be Paid:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Date(s) of Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that services were rendered on the date(s) as specified above.

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**University Coordinator**

**Date**

**Department**

This form must be submitted to Accounts Payable upon completion of contractual services and prior to final payment.