

Payment Terms Request Form								
Agency	Requester	Contract #	Contract Start Date	Vendor Name	Vendor Number	Discount	Discount Days	Net Days
Example:								
OSCM1	HurrieS	10PSX12345	1/1/2006	ABC Vendor	12345	2%	10	45
CORE STAFF								
Help Desk Ticket:								
SIR NUMBER:								
Signed Off By:								