



Form FVNF-21 (New 05/05)

DEPARTMENT OF ADMINISTRATIVE SERVICES

VENDOR NEGATIVE FORM

DATE: _____ **VENDOR CODE:** _____

AGENCY #: _____ **AGENCY CHECK #:** _____

AMOUNT: _____ **SFMA BALANCE**
TRANSFER: _____ **BT#** _____

(see instructions below for transfer details)

AGENCY

SIGNATURE: _____ **DATE:** _____

INSTRUCTIONS

PAYMENT METHOD: Agency BT or Agency checks only.

If payment is made by balanced transfer, please obtain the transfer number (BT#) and include it on the form. Follow the instructions below for transfers:

- a. In the description please make sure to write, "Vendor Negative".
- b. Use T code 714/715.