## **Invoice Transmittal Continuation**

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

Instructions: This form must be attached to a completed form SAMS-1106. Se Place M & M's Stamp Here, If applicable				Note: Item numbers correspond to form SAMS-1106				
				1. System Gen	nerated Transmittal Numbe	er		
				6. Payee's NA	ID			
				7. Payee's Name				
11. Invoice No.	12. Invoice Date	13. PO/CO/WO	14. Description	15. PC	16. FHA Case Number	17. AMT. Per PC	18. Invoice Total	
Total number of invoices for this page					Subtotal for this page \$			
			ed herein, as well as an					
	-	Contractor/Closing Ag	s. Conviction may result in ent/SF REO staff)	i criminai and/or		te signed (mm/dd/yyyy		