



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
Request for Payment of Rental as a Tenant-At-Will
and Authorization

Lease Number: _____ Location: _____

Agency: _____

Division: _____

Reason for Tenant-at-will status: _____

This Lease Expired: _____

Lessor: _____

Monthly Rental Rate: _____

Time Period For Which Payment Is Requested: _____

Payment Amount Requested: _____ Calculation: _____

Replacement Lease Number(s): _____ & _____

Status of Replacement Lease: _____

Estimated Date of Occupancy of Replacement Space: _____

REQUESTED: (x) _____ _____ TITLE DATE: _____	ACKNOWLEDGED: (x) _____, DIV. OF REAL ESTATE DEVELOPMENT AND MANAGEMENT _____ TITLE DATE: _____
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ATTACHMENTS: INVOICE