## Single Family Acquired Asset Management System (SAMS) Invoice Transmittal Continuation

## U.S. Department of Housing

 and Urban DevelopmentOffice of Housing
Federal Housing Commissioner

Instructions: This form must be attached to a completed form SAMS-1106. Send completed form to local HUD HOC, Attn: M\&M Contractor GTR/GTM.

| Place M \& M's Stamp Here, If applicable |  |  |  | Note: Item numbers correspond to form SAMS-1106 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 1. System Generated Transmittal Number |  |  |  |
|  |  |  |  | 6. Payee's NAID |  |  |  |
|  |  |  |  | 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 |
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| Total number of invoices for this page |  |  |  | Subtotal for this page |  |  | \$ |

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802 )
19. Preparer's Signature \& Title (M\&M Contractor/Closing Agent/SF REO staff)
22. Date signed (mm/dd/yyyy)

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