

REQUEST FOR PAYMENT

PROJECTS * GRANTS * ESCROW

PAY TO: _____
ADDRESS: _____

DATE: _____
DEPARTMENT: _____
CATEGORY: _____

LINE NUMBER	COMPANY	FUND	COST CENTER	ACCOUNT	FUNCTION	FUTURE (DEFAULT)		AMOUNT
1						0000		
2						0000		
3						0000		
4						0000		
PROJECT & GRANT INFO:	PROJECT NUMBER	TASK NUMBER	EXPENDITURE ITEM DATE	EXPENDITURE TYPE	EXPENDITURE ORGANIZATION	CONTRACT NUMBER	FUNDING SOURCE	AMOUNT
NON-COMPLIANT? <input type="checkbox"/> Y <input type="checkbox"/> N			BRIEFING INCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N			TOTAL		

DATE	DESCRIPTION / BUSINESS PURPOSE	QTY	UNIT PRICE	TOTAL
MUST BE ITEMIZED				TOTAL



I certify that charges represented by this bill are essential to County business and the County has received the full benefit thereof except as noted.

REQUESTED BY:

(PRINT NAME)

APPROVED BY:

(SIGNATURE)

(PRINT NAME)

(SIGNATURE)