Form 255 Request for Payment

COUNTY OF DALLAS NO. _____

REQUEST FOR PAYMENT

DALLAS, TEXAS, ____

FUND _____

DATE	NUMBER OR QUANTITY	DESCRIPTION	TOTAL
		TOTAL	

REQUESTED BY:
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.

_____

_____
DEPARTMENT

BUDGET INFORMATION CODE NUMBER

APPROVED BY:

_____

_____

_____
DALLAS, TEXAS 20_____

This form to be made in TRIPLICATE - the ORIGINAL AND 1 COPY go to the COUNTY AUDITOR.