

REQUEST FOR PAYMENT

COURT APPOINTED REQUEST ONLY

SEE CATEGORY LISTING

PAY TO:ADDRESS:DATE:COURT:CATEGORY:

<u>LINE NUMBER</u>	<u>DATE</u>	<u>DESCRIPTION/BUSINESS PURPOSE</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>
<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					
<u>7</u>					
<u>8</u>					
<u>9</u>					
<u>10</u>					
<u>11</u>					
<u>12</u>					
<u>13</u>					
<u>14</u>					
<u>15</u>					
<u>16</u>					
<u>17</u>					
		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)