

**REQUEST FOR PAYMENT**

MISCELLANEOUS

PAY TO:DATE:ADDRESS:DEPARTMENT:CATEGORY:PURCHASE  
ORDER

\* 2023 Mileage Rate - \$0.655 \*

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

LINE NUMBER	COMPANY	FUND	COST CENTER	ACCOUNT	FUNCTION	FUTURE (DEFAULT)	GRANT / PROJECT NUMBER
<u>1</u>						0000	
<u>2</u>						0000	
<u>3</u>						0000	
<u>4</u>						0000	
<u>5</u>						0000	
<u>6</u>						0000	

NON-COMPLIANT? ☐ Y ☐ NBRIEFING INCLUDED? ☐ Y ☐ N

\*\*\*\*\*COMPLETE ALL RELEVANT FIELDS\*\*\*\*\*



*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)