

FORM - 1

DALLAS COUNTY

INVOICE NO:

REQUEST FOR PAYMENT

PROJECTS * GRANTS * ESCROW

PAY TO:

ADDRESS:

PURCHASE ORDER

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 TYPE	EXPENDITURE ORGANIZATION	CONTRACT NUMBER	FUNDING SOURCE	AMOUNT
1							
2							
3							
4							
NON-COMPLIANT? <input type="checkbox"/> Y <input type="checkbox"/> N			BRIEFING INCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N			TOTAL	

****POETA REQUIRED FOR ALL GRANT AND PROJECT FUNDED PAYMENTS****

DATE	DESCRIPTION/BUSINESS PURPOSE	QTY	UNIT PRICE	AMOUNT
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)

(SIGNATURE)

APPROVED BY:

(PRINT NAME)

(SIGNATURE)