DALLAS COUNTY							INVOICE		
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PROJECTS * GRANTS * ESCROW									
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DESCRIPTION/BUSINESS PURPOSE					QTY	PRICE		AMOUNT	
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I certify that charges				(PRINT NAME)					
business an				APPROVED BY:					
benefit thereof except as noted.					(PRINT NAME)				
	NUMBER ON-COMPLIANT?	PROJECT TASK NUMBER ON-COMPLIANT? V N **POETA REQUIRED DESCRI	PROJECT TASK EXPENDITURE TYPE ***POETA REQUIRED FOR ALL DESCRIPTION/BUSINES ***MUST BE ITEMIZED*** I certify the represented business and has received benefit there.	REQUEST FOR PROJECTS * CRANTS * ES COMPANY FUND COST CENTER ACCOUNT PROJECT TASK NUMBER TYPE ORGANIZATION BRIEFING INCLUDED? ***POETA REQUIRED FOR ALL GRANT AND DESCRIPTION/BUSINESS PURPOSE ***MUST BE ITEMIZED*** I certify that charges represented by this bill are essential to County business and the County bu	PROJECTS * GRANTS * ESCROW DATE: DEPARTMENT: CATEGORY: COMPANY FUND COST CENTER ACCOUNT FUNCTION PROJECT TASK NUMBER NUMBER TYPE ORGANIZATION ***POFTA REQUIRED FOR ALL GRANT AND PROJECT FU DESCRIPTION/BUSINESS PURPOSE ***MUST BE ITEMIZED*** I certify that charges represented by this bill are essential to County business and the County has received the full benefit thereof except as	REQUEST FOR PAYMENT PROJECTS * GRANTS * ESCROW DEPARTMENT: CATEGORY: COMPANY FUND COST CENTER ACCOUNT FUNCTION FUTL OUTPAU OO O OO O PROJECT TASK NUMBER TYPE ORGANIZATION NUMBER SOUR PROJECT TASK NUMBER TYPE ORGANIZATION NUMBER SOUR PROJECT TASK NUMBER TYPE ORGANIZATION NUMBER SOUR PROJECT TASK TYPE ORGANIZATION ON TRACT PUNDI ***POETA REQUIRED FOR ALL GRANT AND PROJECT FUNDED PA DESCRIPTION/BUSINESS PURPOSE OTY I Certify that charges represented by this bill are essential to County business and the County has received the full benefit thereof except as	REQUEST FOR PAYMENT PROJECTS - CRANTS - ESCROW DEPARTMENT: CATEGORY. COMPANY FUND COST CENTER ACCOUNT FUNCTION O0000 O0000 O0000 PROJECT TASK EXPENDITURE ORGANIZATION NUMBER SOURCE PROJECT TASK EXPENDITURE ORGANIZATION NUMBER SOURCE BRIEFING INCLUDED? BRIEFING INCLUDED? DESCRIPTION/BUSINESS PURPOSE I certify that charges represented by this bill are essential to County has received the full benefit thereof except as PARCELLE TOTAL ***MUST BE ITEMIZED*** TOTAL ***COMPLIANT?	REQUEST FOR PAYMENT PROJECTS * GRANTS * ESCROW DATE DEPARTMENT: CATEGORY: COMPANY FUND COST CENTER ACCOUNT FUNCTION FUTURE OFFINALLY O0000 O0000 PROJECT TASK NUMBER TYPE ORGANIZATION NUMBER SOURCE PROJECT TASK NUMBER TYPE ORGANIZATION NUMBER SOURCE ***POETA REQUIRED FOR ALL GRANT AND PROJECT FUNDED PAYMENTS** DESCRIPTION/BUSINESS PURPOSE OTTAL ***POETA REQUIRED FOR ALL GRANT AND PROJECT FUNDED PAYMENTS** DESCRIPTION/BUSINESS PURPOSE OTTAL ***MUST BE ITEMIZED*** I certify that charges represented by this bill are essential to County business and the County has received the full benefit thereof except as	