

# REQUEST FOR PAYMENT

COURT APPOINTED REQUEST ONLY

\*SEE CATEGORY LISTING\*

**PAY TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**DATE:** \_\_\_\_\_  
**COURT:** \_\_\_\_\_  
**CATEGORY:** \_\_\_\_\_

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



*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)