

REQUEST FOR PAYMENT
PROJECTS * GRANTS * ESCROW

PAY TO: _____

DATE: _____

ADDRESS: _____

DEPARTMENT: _____

CATEGORY: _____

PURCHASE ORDER _____

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	
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	TOTAL
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)