

REQUEST FOR PAYMENT

Vendor Name: _____

Address: _____ Date: _____

City/State: _____ Zip: _____ PO #: _____

Vendor #: _____ Amount: \$ _____

Description: _____

**** Original documents must be attached**

**** Invoice must show detailed list of items purchased**

**** Must include authorized signature (as pre-approved by the Dept. Head)**

**** No payments made until approved by Comm Court - (LGC 113.041(a), AG Op # JC-0370)**

**** No payments made if funds not available in the line-item budget - (LGC 111.092)**

**** This signed form must be attached to all Invoices/Purchase Orders**

CERTIFICATION BY OFFICIAL/DEPARTMENT HEAD: (LGC 113.064(b))

"The items purchased and/or services rendered, as described above and on the attached invoices, have been delivered to this department, checked for accuracy, and are being used for county purposes only. The attached invoice(s) is the original invoice and is approved for payment."

Requesting Dept.

Authorized Signature