

REQUEST FOR PAYMENT FORM

Attn: Accounts Payable

Payable to: _____

Charge to: _____

GL Account #	_____ - _____	Amount	\$ _____
GL Account #	_____ - _____	Amount	\$ _____
GL Account #	_____ - _____	Amount	\$ _____

ACCT # _____ INVOICE # _____

Special Instructions : _____

Date: _____

Signature: _____

I HEREBY CERTIFY THAT THE ABOVE ARTICLES OR SERVICES WERE NECESSARY AND FOR THE SOLE USE OF THE COUNTY OF CLAY HAVE BEEN RECEIVED IN GOOD CONDITION OR PROPERLY PERFORMED. THAT THE QUANTITY AND QUALITY HAVE BEEN CERTIFIED BY ME AND THE CHARGES ARE FAIR AND REASONABLE. REQUEST FOR PAYMENT FORM MUST BE APPROVED BY THE AUTHORIZED PERSON RESPONSIBLE FOR THE BUDGET ITEM.

Received by: _____ Registered: _____

Co Auditor Approved: _____