

CLAIM FOR PAYMENT

COUNTY OF FAIRFIELD

CHECK PAYABLE TO: _____

CONTACT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE: _____ DEPARTMENT: _____

JUSTIFICATION FOR NOT USING PO: _____

Funding Source: General Fund ___ Grant name (if applicable) _____

=====

ACCOUNT (Use description if number not known)	DESCRIPTION AND QUANTITY	TOTAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Grand Total		=====

I HEREBY CEERTIFY, UPON MY OWN PERSONAL KNOWLEDGE THAT THE ARTICLES OR SERVICES IN THE ABOVE CLAIM WERE NECESSARY AND ORDERED BY ME FOR USE BY THE DEPARTMENT INDICATED ABOVE; THAT I HAVE FOLLOWED THE PROCUREMENT CODE; AND THAT THE ARTICLES OR SERVICES HAVE BEEN DELIVERED OR PERFORMED. RECEIPT (S) AND/OR ALL SUPPORTING DOCUMENTATION IS ATTACHED.

Approved for Payment:

COMPTROLLER / ADMINISTRATOR

DATE

DATE

DATE

EMPLOYEE RECEIVING REIMBURSEMENT SIGNATURE

DEPARTMENT HEAD SIGNATURE

PETTY CASH REQUEST