

CLAIM FOR PAYMENT

COUNTY OF FAIRFIELD

CHECK PAYABLE TO: _____

CONTACT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE: _____ DEPARTMENT: _____

JUSTIFICATION FOR NOT USING PO: County Credit Card strip would not go through.

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

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

I HEREBY CERTIFY, 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