

**COUNTY OF DALLAS
REQUEST FOR PAYMENT
DALLAS, TEXAS 75202**

NO.

PAYEE

ADDRESS

FUND

DATE	NUMBER OR QUANTITY	DESCRIPTION	TOTAL
			TOTAL

REQUESTED BY:

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.

BUDGET INFORMATION CODE NUMBER

APPROVED BY:

Signature

Printed Name

Signature

Department

DALLAS, TEXAS