

**WEBB COUNTY
GENERAL PURPOSE REQUEST FOR PAYMENT**



Total \$ _____

Vendor No. _____

Vendor Name: _____

Address: _____

City, State, Zip: _____

Description / _____

Purpose (Required) _____

Request No. _____

Date Prepared: _____

Prepared By: _____

Phone No. _____

Affidavit to The County Auditor

I am hereby presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget to this I certify. I also certify that this expenditure is proper appropriate, and that it complies with all federal, state and grant regulations and laws concerning the expenditure of these fund.

Department: _____

Signature: _____

Name: _____

Title: _____

Invoice Number	Amount	Invoice Date	Account Number	Auditor's Use
Total Amount				

URGENT! Please distribute check by _____

Please **CALL** _____

Rec'd		Out By	
1st Review		2nd Review	
To Acct.		To R.P.	
To C.G.			

Approved

Auditor