MADISON COUNTY COMMISSION
PAYMENT REQUEST

HANDLING INSTRUCTIONS—

Hold for Pickup	
Mail	
Copy of Check	

Fiscal Year:

Vendor Number:	
Vendor Name:	

Address Line 1:					
Address Line 2:					
City:		State:		Zip Code:	

Fund	Dept.	Account	Object	Item Number	Description of Purchase	Invoice Number	Amount
						TOTAL DUE:	$ 0.00

Additional Information:

Authorized Signature: ______________________

Department: ______________________

Date: ______________________