

# Douglas County Direct Pay Request

Special Handling	
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CURRENT DATE (mo/day/year)		BUDGET FISCAL YR.	REQUESTING ORGANIZATION NAME	TOTAL DOCUMENT COST
				\$

SUPPLIER NUMBER \_\_\_\_\_


Separate Check Yes/No	
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INVOICE	DESCRIPTION	BUDGET YEAR	FUND	ORGN	PROJECT	ACCOUNT NUMBER	AMOUNT
							\$
							\$
							\$
							\$
							\$
							\$

Approved for Payment

DOUGLAS COUNTY  
CLERK/COMPTROLLER \_\_\_\_\_

AUTHORIZING  
SIGNATURE \_\_\_\_\_

AUTHORIZING  
SIGNATURE \_\_\_\_\_

Inv. Batch Name \_\_\_\_\_