

DOUGLAS COUNTY PROJECTS 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	PROJECT	TASK	AWARD	EXPENDITURE	ORGANIZATION	AMOUNT
							\$
							\$
							\$
							\$
							\$
							\$

Approved for Payment

**DOUGLAS COUNTY
CLERK/COMPTROLLER** _____

**AUTHORIZING
SIGNATURE** _____

**AUTHORIZING
SIGNATURE** _____

Inv. Batch Name _____