



2008 Payment Request Form

CONTACT PERSON: _____ DATE: _____

AGENCY: _____

ADDRESS: _____

ANNUAL OPERATING PLAN ITEM NO: 2008 IECWMA AOP

PROJECT DESCRIPTION AND LOCATION: Priority # _____

PLEASE PAY AS FOLLOWS:

- Pay directly to Contractor or Vendor from attached invoice(s)
- Reimburse member Agency, invoice copies attached
- Pay up front to member Agency

PAYMENT TO BE MADE TO:

NAME: _____

ADDRESS: _____

ITEMIZATION OF ATTACHMENTS:

DATE	INVOICE NO	PURPOSE	AMOUNT

Use separate sheet for additional items

TOTAL FUNDS REQUESTED: _____ FUNDS ALLOCATED: _____

PROJECT COMPLETION DATE (actual or anticipated): _____

I certify and affirm that the above expenditures are just and true and that payment therefore has not been received.

Signature _____ Title _____

Request is approved by vote of the IECWMA Executive/Core Group

By _____ Chairman Inland Empire CWMA