



# Inland Empire Cooperative Weed Management Area

## Payment Request Form

CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANNUAL OPERATING PLAN ITEM NO: 2007 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: \_\_\_\_\_

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 IECWMA/Executive Core Group

By \_\_\_\_\_ Chairman Inland Empire CWMA