## CONTRACT/LEASE PAYMENT APPROVAL FORM

COMPLETE AND FORWARD TO THE NEXT DEPARTMENT

		COMPLETED BY	Y DEPARTMENT		
DATE:		_			
VENDOR NAME:		VENDOR #:			
CONTRACT/LEASE	E#:				
VENDOR INVOICE#	TASK ORDER # (If Applicable)	COUNTY/FEMA PROJECT # (If Applicable)	BUDGET DEPARTMENT#	ACCOUNT#	AMOUNT \$
	APPROVED F	OR PROGRESS PAYM	IENT (please sign, as c	applicable and date	<u>e)</u>
CONTRACTOR'S ENGINEER/ARCHITECT/PROJECT MANAGER:					DATE:
COUNTY SUPERVISOR/PROJECT MANAGER:					DATE:
DEPARTMENT DIRECTOR:					DATE:
GRANTS ADMINISTRATION:					DATE:
COUNTY ADMINISTRATOR:  (Payments> 50,000.)					DATE:
		FINAL PA	YMENT		
TINAL PAYMENT YES NO (If "Yes", forward to Purchasing Services Coordinator for Close-Out)					
DATE:OMB DIRECTOR:< \$50,000)					(Payments
DATE: GRANTS ADMINISTRATION APPROVAL:(If Applicable)					
DATE:		COUNTY ADMINISTRATION APPROVAL:  (Payments > \$50,000)			
	<u>COMPLETI</u>	ED BY FINANCE -	ACCOUNTS PAY	ABLE ONLY	•
FISCAL YEAR:					
DATE RECEIVED:					
REVIEWED BY:			_		