

# CITY OF SAN ANGELO, TEXAS

## PAYMENT REQUEST

Date \_\_\_\_\_

Pay to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Vendor Number \_\_\_\_\_

Prepared By \_\_\_\_\_

Description of/Reason for Request

INVOICE #	GL DESCRIPTION	PROJ CODE	BUDGET CODE				AMOUNT
			FUND	DEPT	PRG	ACCT	
<b>TOTAL</b>							

\_\_\_\_\_  
 DEPARTMENT APPROVAL      DATE

\_\_\_\_\_  
 FINANCE APPROVAL      DATE