

BIG SANDY RANCHERIA

PAYMENT REQUEST FORM / INVOICE CODING SLIP

DATE NEEDED _____

AMT OF CK _____

NAME: _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____ FAX _____

DESCRIPTION _____

FUNDING SOURCE _____

PREPARED BY _____

DATE _____

DEPT HEAD/DESIGNEE _____

DATE _____

To Be Completed by Finance Department

ACCOUNT

\$ AMOUNT

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RECEIVED _____

PROCESSED _____

COUNCIL MEMBER _____

DATE _____