

**COUNTY OF SAN LUIS OBISPO  
PAYMENT REQUEST**

Employer I.D. No. or \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
CHECK ONE

Vendor Name \_\_\_\_\_

Vendor Address \_\_\_\_\_  
STREET/P.O. BOX CITY STATE ZIP

Requesting department \_\_\_\_\_

*Instructions:*

*Payment Request shall not be considered or allowed unless it is itemized to show:*

- A. Vendor's Employer I.D. or S.S. Number.
- B. Names, dates, and particular serviced rendered.
- C. Payment requests must be signed by the Vendor, approved by the head of the department before filing with the County Auditor-Controller.
- D. Vendor must make separate payment requests for each department.

I HEREBY CERTIFY that this payment request and the items, amounts and statements as therein set out are true and correct; that no part thereof has been heretofore paid; that the amount requested is justly due and is presented within one year after the last items thereof have accrued.

**VENDOR**  
**SIGN HERE** \_\_\_\_\_ DATE \_\_\_\_\_

DATE	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

**VENDOR - DO NOT WRITE BELOW THIS LINE**

COST CENTER (10 char), WBS (18 char), OR REAL INTERNAL ORDER (12 char)	STAT. INTERNAL ORDER (If column 1 is a cost center)	FUNCTIONAL AREA	ACCOUNT	AMOUNT	DESCRIPTION

VENDOR NO.	1099 YES NO	WARRANT NO	<b>TOTAL</b>	
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