

COUNTY OF SAN LUIS OBISPO

**Authorization to Draw Warrant**

**Fund or Organization** \_\_\_\_\_

**Date** \_\_\_\_\_

**Authorization Number** \_\_\_\_\_

To the Auditor Controller of San Luis Obispo County:

The undersigned hereby authorizes the drawing of a warrant

to the following payee.

**Payee** \_\_\_\_\_

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

(Check one)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Description:**

**Charge to:**

FUND OR COST CENTER	INTERNAL ORDER	FUNCTIONAL AREA	ACCOUNT	AMOUNT	DESCRIPTION
VENDER NO.		1099	TOTAL		
99000					

EFS DOCUMENT NO. \_\_\_\_\_

**Authorizing Signatures:**

\_\_\_\_\_