

*City of Hickory*  
REQUEST FOR PAYMENT

VENDOR # \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
( USE ADDRESS ONLY IF VENDOR # NOT ASSIGNED)

ACCOUNT # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

=====

EXPLANATION :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(TO BE USED FOR PAYMENTS  
WHERE NO INVOICE IS PROVIDED)

\_\_\_\_\_  
REQUESTED BY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCE MANAGER

\_\_\_\_\_  
DATE