

SUMNER COUNTY FINANCE DEPARTMENT REQUISITION FOR PAYMENT

Department

Vendor # _____ Vendor Name _____

Acct Code _____ Inv or Acct # _____ \$ _____

Acct Code _____ Inv or Acct # _____ \$ _____

Acct Code _____ Inv or Acct # _____ \$ _____

Acct Code _____ Inv or Acct # _____ \$ _____

Total Amount of Invoice(s) for Payment \$ _____

If invoice total is at least \$2,500 but less than \$10,000, were 3 verbal quotes obtained?

_____ Yes

_____ No (give explanation)

If invoice total is \$10,000 or greater, give details of "exemption from bidding" utilized.
See purchasing policy for details. Please attach all relevant documentation.

I acknowledge that the materials, goods, or services evidenced by this invoice
have been received prior to this payment.

Date goods or services received _____

Signature _____

Date _____

_____ Detailed billing is at DTF office.

For Finance Department use only _____