

City Of Sunrise

Direct Payment Request

NO. _____

Payee Name & Address

Date _____

Department _____

Vendor No. _____

Description	Account Code	Total
TOTAL PAYMENT		

Mail Direct _____

Call Dept. _____

Tax Exemption No. 85-8012674093C-9

Commission Action Required: Yes No

Resolution No. _____

Department Approval

Budget Approval

Finance Approval

Distribution:

- Payee
- Finance
- Department