

CITY OF STAMFORD - DIRECT DISBURSEMENT FORM

PLEASE ATTACH REQUIRED DOCUMENTATION OR OTHER PERTINENT INFORMATION NECESSARY TO EXPEDITE PAYMENT

APPROPRIATION CODE NO.	PROJECT / INVOICE #	DATE	\$ AMOUNT

VENDOR NAME	VENDOR NO.
STREET ADDRESS	
CITY, STATE, ZIP CODE	

EXPLANATION & DESCRIPTION <small>(List out all invoices, if applicable)</small>	\$ AMOUNT
TOTAL	\$ -

I HEREBY CERTIFY THAT THE ABOVE IS INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

A LEGIBLE SIGNATURE IS REQUIRED FOR PROCESSING THIS FORM

REQUISITIONER SIGNATURE	DEPARTMENT APPROVAL SIGNATURE	FINANCE APPROVAL SIGNATURE
_____	_____	_____
CONTACT THE NUMBER ABOVE IN THE EVENT OF ANY QUESTIONS		