

CONTRACTOR PAYMENT REQUEST

To: Riverside County
4060 County Circle Drive
Riverside, CA 92503

From:

Remit to Name _____

Address _____

City _____ State _____ Zip Code _____

Contractor Name _____

Contract Number _____

Total amount requested _____ for the period of _____ 20____.

Select Payment Type(s) Below:

Advance Payment \$ _____
(if allowed by Contract/MOU)

Actual Payment \$ _____
(Same amount as 2076B if needed)

Unit of Service Payment \$ _____ # of Units) X (\$) _____

_____ (# of Units) X (\$) _____ # of Units) X (\$) _____

_____ # of Units) X (\$) _____ # of Units) X (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature Title Date

FOR COUNTY USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5) _____	Purchase Order # (10) _____	Invoice # _____
Account (6) _____	Amount Authorized _____	
Fund (5) _____	If amount authorized is different from amount request, please explain:	
Dept ID (10) _____	_____	
Program (5) _____	Program (if applicable) _____	Date _____
Class (10) _____	Fiscal _____	Date _____
Project/Grant (15) _____	Contracts (if applicable) _____	Date _____
Vendor Code (10) _____	General Accounting Section (if applicable) _____	Date _____