		PETALUMA, CA FFOR PAYMENT		
			DATE:	
	CHECK PAYEE: ADDRESS:			
	CITY, ST, ZIP:			
	DESCRIPTION			
	REQUESTER'S NAME			
	AUTHORIZED SIGNATURE			
ACCOUNT NUI	MBER TO BE CHARGED:			
fund	cost center	object		amount
				_
OR		<b>J</b>	TOTAL	
	NG TO BE CHARGED:			
project number	phase	task	subtask	amount
		•	TOTAL	
DON'T MAIL	RETURN TO			
PRIORITY DUE	E DATE			

5/29/08

i:\finance\forms\payrequest