

Sutter County Superintendents Office

REQUEST FOR PRE-PAYMENT

Important Note: Receipts for the purchase(s) listed below will be returned to the County Office accounts payable dept. no later than 48 hours after purchase.
Initial Please: _____

Vendor: _____ Date: _____

Vendor Address: _____ Name/Dept. _____

Vendor #: _____

Special Instructions: _____

Qty.	Unit	Unit Cost	Description	Total

Please attach any supporting documents
 i.e.: conference announcements, registration
 forms, fliers, etc.

Subtotal	
S&H	
Tax	
Total	

Account Code: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Authorized By: _____ Date: _____