

Shelby County Government  
**Check Disbursement Request**

To: FINANCE DEPARTMENT Mail Enclosure: (check if yes)

From Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Please make payment as follows by Shelby County check or other disbursement process:

Vendor ID #: \_\_\_\_\_ Vendor Address #: \_\_\_\_\_ Dept. Ref.: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comment: \_\_\_\_\_

INVOICE NUMBER(S)	AMOUNT(S)	CHARGE TO		
		Fund	Organization	Account
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total of payment amount	\$ _____	_____	_____	_____

Check requests must be for one of the following:

1. Items under \$1,000 meeting the requirements for procurement cards where the vendor does not accept procurement cards.
2. Memberships, publication and dues.
3. Petty Cash reimbursements
4. Local training
5. Telecommunications and utility invoices
6. Lease and debt service payments
7. Legal settlements
8. Accounts 8901-9099 (Grants and special funded projects)
9. Payroll related expenditures.

APPROVALS (must be on file with Purchasing/Finance):

\_\_\_\_\_  
 Departmental Signature Director, Elected Official, or Higher (as Required)