County of Northampton

"Land of History, Hospitality, and Opportunity For All"

Payment Request Form

Date:	
Department:	
Vendor #:	
Tax ID #:	
Funds Availability Verif:	

Payee:

1099 Code: (Check One)	___ Sole Proprietor	___ Medical Payments	___ Rent Payments
	___ Legal Payments	___ Claims	___ Non-Profit Org.
	___ Corporation	___ Refund Payment	___ Employee
	___ Other		

Quantity	Description	Unit Price	Price
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		Subtotal	$ -
		Other	
		Total	$ -

Account Number	Amount
Total	$ -

☐ SPECIAL HANDLING REQUEST:

Certification of complete receipt in good condition by department: The undersigned, who is authorized to approve expenditures for payment, hereby certifies that the goods or services specified above have been received or performed. Final payment has not been previously authorized, and this expenditure is a proper charge to the appropriation indicated.

The undersigned hereby certifies that the procurement of these goods or services has been conducted in compliance with the Code of Virginia and all applicable policies and procedures of Northampton County and that supporting documentation is attached as required.

Authorized Signature

Date