



City of Norwalk, CT

**REQUEST FOR PAYMENT VOUCHER**

Vendor or Payee	Fund	Dept	Div	Object	Cost Ctr
Street Address		Vendor No.		Date	
				6/30/17	
City, State, Zip		Department			
		Facilities			
Fund: 16026200 622 60					
Description				Amount	
				\$	
Requested by		Department Approval		Total Amount	

*This is to certify that funds are available for this request*

Date	Comptroller

**ATTACH INVOICES OR OTHER SUPPORTING DOCUMENTS.**

Send Original and one copy to Comptroller Office