EXPENDITURES FOR ORDINANCE 86-19
PAYMENT FORM 4801 & 4802

DEPARTMENT/DIVISION: _____

MAKE CHECK PAYABLE TO: _____

ACCOUNT NUMBER: _____

AMOUNT: _____

PURPOSE OF THE EVENT: _____

_____

_____

EVENT DATE: _____

EVENT TIME DURATION: **From:** _____ a.m. p.m. **to:** _____ a.m. p.m.

TOTAL NUMBER OF PARTICIPANTS _____

ALL COUNTY AND NON-COUNTY PARTICIPANTS (A list of their names and associations are required)

	NAME	ASSOCIATION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10		

List of additional names can be attached

APPROVING AUTHORITY: _____ **DATE:** _____

TITLE: _____