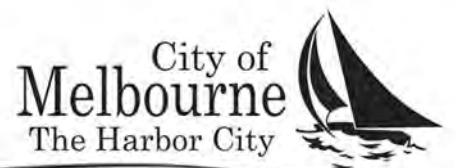


Revenue Division
Financial Services Department
Phone : (321) 608-7029 | Fax: (321) 608-7199



BILLING REQUEST

DATE _____

REQUEST # _____

FROM : _____
(DEPARTMENT/DIVISION) (NAME) (PHONE #/EXTENSION)

BILL TO:
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

LIST ORG AND OBJECT NUMBERS FOR CREDIT			
ORG	OBJECT	DESCRIPTION	AMOUNT
TOTAL AMOUNT			

DESCRIPTION:

REFERENCE ORDINANCE # _____ REFERENCE RESOLUTION # _____

DATE OF SERVICE, ACCIDENT, CLAIM(S), ETC.: _____

ATTACHMENTS: NO YES NUMBER OF PAGES: _____

SIGNATURE OF APPROVAL DATE