

FUNDING VERIFICATION FORM

DEPARTMENT: _____

EMPLOYEE SUBMITTING REQUEST: _____

AUTHORIZED BY MAYOR: _____

VENDOR: _____

FUND OR DEPARTMENT: _____

CONTRACT AMOUNT: _____

DURATION OF CONTRACT: _____

PURPOSE OF CONTRACT: _____

REVIEWED BY CLERK-TREASURER ON: _____

FUNDING: _____ **AVAILABLE**
 _____ **NOT AVAILABLE**

ACCOUNT NUMBER: _____

PURCHASE ORDER NUMBER: _____