Handling Instructions

Hold for Pickup	
Mail	
Copy of Check	
Vendor #	
Vendor Name:	
Address Line 2	
Address Line 3	
City	
State	
Zip	

PAYMENT REQUEST
Madison County
Commission
100 North Side Square
Huntsville, AL 35601

Fiscal Year:	16-17

Fund #	Department #	Account #	Line Item #	Quantity	Items - Describe Fully	Invoice Number	Amount
TOTAL							0.00

Other Information

Authorized Signature _____

Department _____

Date _____