

WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM, INC.

PAY ORDER

(Invoice and Supporting Documentation Must be Attached)

Date: _____

Component Early Childhood

Pay Order To: (Vendor)

<p><u>VENDOR# :</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Description</p>	<p>Total to be Paid</p>
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Fund	G/L	LOC	FUNDER	PROG	Amount		
				1000			

Date of Check _____ Check No. _____	Total Amount: _____ \$0.00
Amount _____	Pay this Amount: _____ \$0.00
Charge To: _____	

SUBMITTED BY _____ APPROVED BY _____
PROGRAM DIRECTOR

BUDGET APPROVAL: _____ AUTHORIZED BY _____
FISCAL ACCOUNTANT FISCAL DIRECTOR

IMPORTANT: PAY ORDER CANNOT BE APPROVED BY PERSON SUBMITTING PAY ORDER. THERE MUST BE TWO APPROVALS FOR PAYMENT.