

## COUNTY OF HARNETT CHECK REQUEST FORM

Account Number:	110-0000-345.18-00	Х	Mail to payee	
Project Number:			Check to be picked up by:	
Vendor Name:	Robert Smith			
Vendor Number:			(Requires approval of Finance Office	:er)
Remittance Address:	835 Highgrove Drive		Approved: Disapproved:	
Date 1-14-16	Spring Lake, NC 28390			
	Description		Amount	
	ENVH Existing Tank Inspection Fee		30.000	00.00
	Location: Buchanan Rd Lt. 2			
	PIN# 0508-70-3520.000			
	HTE# 16-5-37780			
	Robert Smith-Landowner/Applicant			
Total Amount Due			\$ 10	00.00
Reason for check reque	st: Applicant wants refund because he is backing placed on the property which is the location of			ie
	inspected.			
This check request has b	been examined by me and is hereby approved for	r pay	ment.	
Departme	ent Head or Authorized Designee		Date	
Graham H. Byrd, R.E.H.S	5. And H. Byll This instrument has been	De	3.EH.5.	
	preaudited in the manner required			
	by the Local Government Budget and Fiscal Control Act			
	Harnett County Finance Director	1111	_	