



COUNTY OF HARNETT CHECK REQUEST FORM

Account Number: 110-0000-345.18-00

Project Number: _____

Vendor Name: Charles D. Hudson

Vendor Number: _____

Remittance Address: 1417 West Core Road

Date: 5-24-16 Dunn, NC 28334

Mail to payee

Check to be picked up by: _____

(Requires approval of Finance Officer)

Approved: _____ Disapproved: _____

	Description	Amount
	Environmental Health Fees	\$ 750.00
	Application # 16-5-38438	
	Placement of DWMH on W. Core Road	
Total Amount Due		\$ 750.00

Reason for check request: Per James Manhart, this application should have been treated as a repair with no
fee. Refund the 100.00 and 650.00 ENVH fees (\$750.00)

This check request has been examined by me and is hereby approved for payment.

Department Head or Authorized Designee _____ Date _____

Graham H. Byrd, R.E.H.S.

*This instrument has been
preaudited in the manner required
by the Local Government Budget
and Fiscal Control Act*

Harnett County Finance Director