

COUNTY OF HARNETT CHECK REQUEST FORM

| Account Number: | | Х | Mail to payee | |
|--|--|----------|--------------------------|------------|
| Project Number: | 4270 | [| Check to be picked up by | / : |
| Vendor Name: | Joseph Wagner | | _ | |
| | 425 Palamino Ln. | | | |
| | Spring Lake, NC 28390 | | | - |
| | <u> </u> | | | |
| | | | 1 | |
| | Description | | Amount | - |
| · | Customer is not building | | \$ | 1,000.00 |
| | home on property. | | | |
| <u> </u> | SFD1906-0021 | | | |
| Tatal Assassa Deca | 3501306-0021 | <u>.</u> | | 1 000 00 |
| Total Amount Due | | | \$ | 1,000.00 |
| | *****Please add note in red to refund check***** | | | |
| | | • | | |
| : | | | | 7 |
| | | | · · · · | ÷ |
| This check request has b | een examined by me and is hereby approved f | for pa | ·. yment. | |
| - | | • | | • |
| Department Head or Authorized Designee | | | Date | |
| | | | | |
| | This insturment has been , | - | | |
| | preaudited in the manner require | | | |
| | by the Local Government Budget | t | | |
| | and Fiscal Control Act | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> | |
| | Harnett County Finance Director | r | | |



Cash Register Receipt Harnett County

Receipt Number R3843

| DESCRIPTION | | QTY | PAID |
|-----------------------|--------------------------------|-----------------------|------------|
| PermitTRAK | | • | \$1,000.00 |
| SFD1906-0021 | Address: 1134 MIKE WILLIAMS LN | APN: 0547-00-1016.000 | \$1,000.00 |
| ENVIRONME | NTAL HEALTH FEES | | \$1,000.00 |
| NEW SOIL ANALYSIS FEE | | 0 | \$750.00 |
| NEW | WELL FEE | 0 | \$250.00 |
| TOTAL FEES PAID B | SY RECEIPT: R3843 | | \$1,000.00 |

Date Paid: Tuesday, June 11, 2019

Paid By: WAGNER JOSEPH P

Cashier: DJ

Pay Method: CHECK 376

