## CITY OF HIDALGO CHECK REQUEST FORM

VENDOR:								TEXT.	6	
PAYEE:					PAID FUND					
				•				CK NO		
				•				DATE		
<b>PO#:</b>				•						
ACCOUNT NO			DES	DESCRIPTION			REF		AMOUNT	
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EXPLANAT	ION:		•			TOTAL			\$0.00	
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KEMAIN		<u> </u>			<u> </u>		<u> </u>			
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PREPARED BY			DATE		APPROVED BY			DATE		
VERIFIED BY		-	DATE		Entered into AP			DATE		