



FINANCIAL INFORMATION APPLICATION

Date of Request: _____

Brief explanation of the requested information: _____

Supplier Name (if invoice data is requested): _____

Supplier Address (if known) _____

Time Period the data covers: _____

Requestors Contact information:

Name: _____

Phone No., Email, etc: _____

Requestor's
Signature _____ Date _____

TO BE COMPLETED BY COUNTY STAFF:

Information Format:

Copies of Documents _____

Oracle Reports _____

Custom Reports _____

Number of Copies: _____

Number of Hours to complete project: _____

Estimated cost \$ _____

Estimated time to complete request. _____

Actual Final Charge \$ _____ Staff Initials _____

Date Project completed: _____