

COLLIN COUNTY

Accounts Payable
Special Handling Request

Check Number

This Request Must Accompany the Payment Request

Service Requested:

Date _____

☐ Early Release
Date Needed _____

Requestor

☐ Individual Check

Extension

☐ Mail Attached
Document w/Check

☐ Return To Department

Return To _____

Extension _____

Amount \$ _____

Vendor Name _____