

Preston County Commission

Outside Agency Reimbursement/ Direct Bill Payment Request Form

To submit completed form or ask questions please email County Administrator Nate Raybeck at nraybeck@prestoncountywv.gov .

Agency Information:

Agency Name: _____

Project Title: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Type of Payment Requested

☐ Reimbursement

☐ Direct Bill Payment

Payment Request Details:

Invoice Date/ Number	Vendor Name	Description of Expense	Amount (\$)

Total Disbursement Requested: \$_____ (Sales tax and late fees will not be paid)

Supporting Documentation:

Please attach the following:

- Itemized and detailed invoice from vendor. Invoices must provide the appropriate date, vendor contact information, and account of goods sold and or services provided.
- If reimbursement is requested, proof of payment (canceled checks, bank statements, or payment confirmations).
- If direct bill payment is requested, vendor W-9 form, and any contracts or agreements associated with the expense.
- Any other documentation as required by the Preston County Commission.

Certification:

I certify that the above information is true and accurate, and the expenses submitted are directly related to the approved project as described in the Outside Agency Funding Application.

Signature: _____

Print Name: _____

Title: _____

Date: _____

For Preston County Commission Use Only:

Reviewed By	Date	Approved Amount (\$)	Comments