

**LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT
YES Program Payment Request Form**

Request #

Agency Name:		Agency Name:	
Mailing Address:		Mailing Address:	
City:	Zip:	City:	Zip:
Phone:	Email:	Phone:	Email:
Contact Person:		Contact Person:	

YES Program				
Program Name	Time Period	Grant Number	Amount Requested	RPOSD USE ONLY
TOTAL REQUEST:				

Name of Authorized Representative (Type or Print)	Title of Authorized Representative (Type or Print)
Signature of Authorized Representative	Date
Comments:	

RPOSD USE ONLY			
Program Manager	Date	Administration Supervisor	Date
Grants Supervisor	Date	Finance Supervisor	Date
		District Administrator	Date

LA COUNTY ACCOUNTING SECTION USE ONLY					
GAED/GAX ID NUMBER		SCHEDULED PAYMENT DATE		GAED Data Entry by:	Date
VENDOR CODE		REVENUE ACCRUAL FY & AMOUNT		Level One Approver:	Date
FUND NUMBER	LOCATION CODE	REVENUE ACCRUAL FY & AMOUNT		Level Two Approver:	Date
SUB-FUND	PROJECT CODE	PAYMENT REQUEST AMOUNT		GAX Data Entry by:	Date
UNIT CODE	DEPT OBJECT	P/F	Special Handling	Level One Approver:	Date
Comments:				Level Two Approver:	Date

PROCESSED PAYMENT INFORMATION				
WARRANT #	WARRANT AMOUNT	WARRANT DATE	GTS Data Entry by:	Date