



WATERBURY
Development Corporation

PAYMENT REQUEST FORM

Vendor Name: _____ Date: _____

Vendor Address: _____

Remit Invoice to: Waterbury Development Corporation
24 Leavenworth Street
Waterbury, CT 06702

Description of Services Rendered:	Amount
	* Invoice Total:

Vendor Signature

Approval - City Department (if required)

*** PLEASE ATTACH COMPANY INVOICE**