

DETAIL REQUEST AND PAYMENT AUTHORIZATION FORM

**To be completed by SHIFT SUPERVISOR/ *Contractor/Company (circle one)

DATE NEEDED:	# of Officers: NEEDED:
Cancelled? (Must occur 2 hours prior to start time).	
Cancelled by?	Date Cancelled: _____ Time: _____
*Name of Requestor	
*Name of Company (Subcontractor)	
*Time Detail Needed	Start: END:
*Location of Detail	

**To be completed by Police Officer and *Site Rep

**Detail Officer	PRINT NAME HERE: → _____	
(Please Write Clearly)	Signature: _____	DATE: _____
**Hours Worked	START: _____ END: _____	Total Hours Worked: _____
*SITE REPRESENTATIVE		
(Verify hours worked)	Signature: _____	DATE: _____

*To Be Completed By Contractor/Company

PAYMENT AUTHORIZATION INFORMATION <small>Please Print Clearly</small>	
*Billing Address:	<u>*BILLING APPROVAL</u>
	*Billing Contact:
	*Phone:
	*Fax:
	*Date of Approval:
	*Approval Signature: (Authorizes payment of detail)

INVOICE # _____