

**(ADDITIONAL) CERTIFICATION OF FUNDS  
REQUEST FORM**

To: Athens County Auditor

Please Certify \$ \_\_\_\_\_ into fund \_\_\_\_\_, \_\_\_\_\_ as follows:

_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____
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_____	Line-item name	----- Line-item number	\$ _____
_____	Line-item name	----- Line-item number	\$ _____

Total Certifications \$ \_\_\_\_\_

Department or Agency \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR AUDITOR'S OFFICE USE ONLY**

Deputy Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT THIS FORM TO THE COUNTY AUDITOR'S OFFICE**

**P-6**