



**ZAVALA COUNTY  
AUTHORIZATION TO PAY WORK  
PERFORMED**



**Worked Performed**

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**Authorization to Pay**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Rejected: \_\_\_\_\_ No                      \_\_\_\_\_ Yes

Hold Payment Amount: \_\_\_\_\_

Reason:

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