Warrant Number	An ii	nvoice or hill to he		LE VOUCHER for ACH or now: kind of service, where		vice rendered by whom	
Warrant Amount			ates per hr, #units, price p	oer unit, etc.	performed, dates serv	vice rendered, by whom	
Date Allowed	Р	PO #	REFERENCE	BILLED AMOUNT	DATE BILLED	DEPT NAME/LOC #	
Doc # # Pages							
Vendor No			DESCRIPTION		ORG-OBJECT	ACCT AMT	
Vendor Name							
Address							
City							
State, Zip							
Board Of County Comm	<u>iissioners</u>						
Commissioner							
Commissioner					CLAIM TOTAL		
Commissioner	Date	Date: Vendor or Other Required Signature					
			e attached invoice(s), or bi ge is made and received ex	ill(s), is (are) true and correc xcept:	t and that the materia	als or services itemized	
	Date	e:	Office Holder:	Office Holder:			
		reby certify that the -11-10-2.	e attached invoice(s), or bi	ill(s) is (are) true and correc	t and I have audited sa	ame in accordance with	
	Date	e:	County Auditor:				