



PUTNAM COUNTY

VOUCHER

SHIP AND BILL TO:
 DEPARTMENT: _____
 ADDRESS: _____

VENDOR NUMBER:

CLAIMANT NAME AND ADDRESS:

ORG CODE	OBJECT CODE	PROJECT CODE	AMOUNT

LIST ALL INVOICE NUMBERS AND ATTACH ALL ORIGINAL INVOICES AND RECEIPTS

INVOICE DATE	INVOICE #	DESCRIPTION	CONTRACT #	UNIT PRICE	AMOUNT
				TOTAL	

CLAIMANT'S CERTIFICATION

I, _____ CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF \$ _____ IS TRUE AND CORRECT; THAT THE ITEMS, SERVICES AND DISBURSEMENTS CHARGED WERE RENDERED TO OR FOR THE COUNTY OF PUTNAM ON THE DATES STATED; THAT NO PART HAS BEEN PAID OR SATISFIED, AND THAT THE AMOUNT CLAIMED IS ACTUALLY DUE.

DATE _____ SIGNATURE _____ TITLE _____

DEPARTMENT APPROVAL

APPROVAL FOR PAYMENT

THE ABOVE SERVICES WERE RENDERED OR FURNISHED TO THE COUNTY OF PUTNAM ON THE DATE STATED AND THE CHARGES ARE CORRECT.

AUDITED BY: _____

DATE: _____

DATE _____ AUTHORIZED OFFICIAL _____