

VENDOR NAME	VENDOR NUMBER	REMIT NUMBER
VENDOR ADDRESS		
	PAYMENT VOUCHER DANE COUNTY, WISCONSIN	

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL

<i>I hereby certify that the above itemized claim for _____ Dollars (\$ _____) is true and correct and no portion of the same has been paid.</i>	CERTIFIED BY (Signature) _____ TITLE _____ DATE _____
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Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
TOTAL							

The above is hereby approved for payment

COMMITTEE (IF REQUIRED)	FINANCE COMMITTEE	AGENCY (IF REQUIRED)