Non P.O.

Claim Voucher

COUNTY OF MONROE

SAP DOCUMENT NO. _____

PAY TO: _____
INSERT NAME OF CLAIMANT

REMITTANCE ADDRESS: _____

_____

_____
City State Zip

YEAR							
MONTH	DAY	QUANTITY	IITEMIZED ACCOUNT OF MATERIALS, SUPPLIES, ETC.	UNIT PRICE		AMOUNT	

THIS VOUCHER MUST BE CERTIFIED AND SENT TO THE DEPARTMENT AUTHORIZING SAME

_____ Certifies that this claim is just, true and correct; that the merchandise or services herein have been rendered to Monroe County; that
(Insert name of claimant, his agent or representative)
taxes from which Monroe County is exempt are not included and that the balance is actually due and owing. _____ .

_____ TITLE _____ DATE _____
(Claimant, agent or representative to sign here)

VENDOR NUMBER _____

SP. G/L _____ (Choose one: **H**=Retainage, **Q**=Liens, **U**=Securities)

INVOICE DATE MM / DD / YYYY

REFERENCE (Vendor Invoice #) _____

PAYMENT METHOD [ ] (Choose one: **C**=Check, **4**=Cash Bail, **5**=Capital, **6**=Trust, **7**=Monroe NewPower, **8**= MCAA)

POSTING DATE MM / DD / YYYY

AMOUNT _____

TEXT *

G/L ACCT	SHORT TEXT	D/C	AMOUNT	COST CENTER	BUSINESS AREA	FUND	GRANT	INTERNAL ORDER	WBS ELEMENT

CHECK RECEIVED BY_____
Print Name

SIGNATURE_____

I Certify that the merchandise or services itemized in the claim have been rendered or furnished to Monroe County on the date or dates shown, that the charges are correct, and am approving same for payment

_____
BUSINESS AREA HEAD OR AUTHORIZED SIGNER

_____
DATE

REV 12/05