

SECTION IV--ACCOUNTING RECORDS

ILLUSTRATION I

COUNTY VOUCHER FOR PAYMENT

Claim No. _____

Paid by Check No. _____

(Bill or claim against the county) Vendor No. _____

ID # for 1099 _____

Fund Code	Activity Code	Object Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

To: _____

Address: _____

(Give street number, town, and state)

NOTE: All vouchers for materials of supplies furnished must be itemized as to type, quantity, unit price and total price and the declaration must be signed by the county auditor or other authorized agent of the county as indicated below. Claims for personal service other than regular payrolls under contract must also be signed by the claimant as indicated below. Such claims must indicate time devoted and rate of pay, and if for travel must show dates, time of leaving, time of return, points of travel, meals and lodging expense. A receipt for lodging expense must be attached to voucher. If travel is by car, voucher must show miles traveled and rate of pay per mile. If by commercial carrier, a signed receipt from such carrier must be attached to voucher.

Date	Itemized description of materials and supplies or personal service and travel information	Purchase Order No.	Quantity	Unit Price	Total

CLAIMANT DECLARATION IF VOUCHER IS FOR PERSONAL SERVICE, TRAVEL REIMBURSEMENTS OR EXPENDITURES OTHER THAN PAYROLL UNDER A CONTRACTED PRICE

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Date: _____ 20 ____ Signature of Claimant: _____

DECLARATION OF COUNTY AUDITOR OR OTHER AUTHORIZED AGENT OF THE COUNTY

I declare and affirm under the penalties of perjury that this claims has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further certify that the above services were rendered, or that the above listed materials were received in an acceptable condition, and that the above claim is hereby approved by me for payment this _____ day of _____ 20 ____.

Signed: _____
(County Auditor or other authorized agent)

APPROVAL BY THE COUNTY COMMISSION FOR PAYMENT

Approved for payment by county commission action on _____ 20 ____

Signature or initial of presiding officer of the county commission: _____

Audited by _____

(04/02)