

# AFFIDAVIT

**STATE OF FLORIDA  
COUNTY OF LEVY**

I hereby swear or affirm the following:

1. That I am a Levy County, Florida employee in the \_\_\_\_\_ Dept.
2. That on \_\_\_\_\_, 20\_\_\_\_, I paid \_\_\_\_\_  
in the amount of \$\_\_\_\_\_ for \_\_\_\_\_that was a valid  
and necessary expenditure for the operation of the department. A signed copy  
of the receipt is attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name