LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
VOUCHER FORM

VENDOR NAME _____ VENDOR # _____

REMITTANCE ADDRESS _____

_____

INVOICE DATE	INVOICE #	ACCOUNT NO.	AMOUNT

GOODS AND/OR SERVICES PER ATTACHED INVOICES HAVE BEEN RECEIVED.

0.00
Amount of Voucher

APPROVED BY _____
Department Head

CLERK APPROVAL _____