

Voucher – County of Escambia, Florida

Voucher No.: _____

Date: _____

Vendor No.: _____

Vendor: _____

(Vendor's Name)

(Complete Vendor Address)

(City, State, Zip-Code)

Certification: I do hereby certify that the attached invoices are correct; the goods or services have been properly received by the County; the expenditures are in compliance with applicable laws or grant restrictions; that adequate budget appropriations are available; the expenditures are just, reasonable and necessary for operations of the appropriate department; and that the invoices are due and unpaid.

Department Name

Signature of Person Preparing Voucher

Contact Phone Number & Name

Signature of Approving Authority

ACCOUNT DESCRIPTION AND DISTRIBUTION

Cost Center	Object Code	Project Code	Description	Amount
Total				\$

Approved for payment in open session _____
Board of County Commissioners, Escambia County, Florida.

Clerk

OF0095