PLEASE ATTACH ALL INVOICES TO BACK OF VOUCHER

WARRANT NUMBER: **FILED:**

VOUCHER

TETON COUNTY WYOMING, P.O. BOX 1727
JACKSON, WY 83001

VENDOR NAME:__ _____ VENDOR NUMBER: _____ (COUNTY CLERK WILL ASSIGN)

VENDOR ADDRESS: __ _____

DEPARTMENT: ___ _____

BUDGET ACCOUNT NUMBER: ___ _____ (ASSIGNED BY DEPT.)
(IF MULTIPLE ACCOUNTS, LIST BELOW)

DESCRIPTION OF CHARGE, PURCHASE, ETC. ATTACH INVOICES.	
TOTAL	

STATE OF WYOMING)
ss
COUNTY OF TETON)

I certify, under penalty of perjury, that this voucher and the items included therein for payment are correct and just in all respect.

Dated_____, 20_____ _____
Signature of Claimant

EO/DH APPROVAL _____ CLERK REVIEW _____