

Invoice Number	Date	Description	Amount	Dept.	Budget Account Number
		Total			

FOR OFFICE USE ONLY

Payee Name: _____
 Address: _____

 City: _____
 State: _____ Zip: _____

Amount Claimed:		
Amount Approved:		
Charge Department:		
Commissioner:		
Commissioner:		
Chairman:		

W I certify, under penalty of perjury, that this claim is just and
 A correct and that no part of the claim has been paid by Big Horn
 R County or by any other person.
 R Date: _____
 A
 N Signature X _____
 T

File by the 30th of the Month with County Clerk

Department Head Initials: _____

BIG HORN COUNTY, WYOMING

BIG HORN COUNTY CLERK . P.O. Box 31 . Basin, WY 82410-0031 . (307) 568-2357

INSTRUCTIONS FOR FILLING OUT VOUCHER

1. FILL IN INVOICE NUMBER.
2. FILL IN WHAT IT IS FOR (PARTS, SUPPLIES, ETC).
3. FILL IN THE AMOUNT.
4. FILL IN THE NAME AND ADDRESS OF WHO WILL BE RECEIVING THE WARRANT.
5. FILL IN THE DATE.
6. BE SURE TO SIGN THE VOUCHER.
7. MUST BE INTO THE CLERK'S OFFICE EITHER THE FRIDAY BEFORE THE SECOND MEETING OF THE MONTH OR THE 30TH OF THE MONTH.

ALL VOUCHERS WILL BE PRESENTED TO THE COMMISSIONERS AT THEIR REGULAR SCHEDULED MEETINGS EACH MONTH. ACCOUNTS PAYABLES ARE PAID TWICE A MONTH.