Inital _____

Vendor Code: _____ **Warrant No.** _____

Commissioners Date Approved:

Pay to the order of:
Mailing Address:
City, State & Zip:

All claims against the county must be fully itemized and sworn to, and should reach the County Clerk's Office, Courthouse, Thermopolis, Wyoming 82443, by the 25th of each month. Claims for mileage and meals must be itemized.
*** PAYROLL VOUCHERS due by the 20th of each month***

Date	Invoice No.	Description of Expense(s)	Amount Due
			$ -

Certified correct and approved for payment.

County Official

THE STATE OF WYOMING
COUNTY OF HOT SPRINGS

I certify that the enclosed claim is just and correct and that no part of the claim has been paid by the County or other person.

Signed: _____
Vendor's Signature or person authorized to prepare voucher

Date: _____

Commission Chairman

Commission Vice-Chairman

Commission Member

Claim Posted To:	
Total of this Voucher Only	$ -

County Clerk's Office Use Only **GRAND TOTAL OF ALL VOUCHERS ATTACHED**	