

PLATTE COUNTY WYOMING

Warrant No. _____

Name and Address of Claimant (Vendor)

IMPORTANT INSTRUCTIONS TO VENDOR

1. Vouchers must be fully itemized for all purchases and services, and invoice attached.
2. Affidavit must be completed and signed by vendor.

Date _____

FOR ACCOUNTING PURPOSES ONLY

INVOICE DATE	FIRMS INVOICE #	DESCRIPTION OF SUPPLIES OR SERVICES	UNIT PRICE	AMOUNT
TOTAL BILL				

For _____

Filed _____,

Platte County, Wyoming

FUND	DEPT/ACCT	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Allowed \$ _____

HOW ACCOUNTS MUST BE PRESENTED

No account shall be allowed by the Board of County Commissioners unless the same shall be made out in separate items properly dated, and the value of each item specifically described; and when no specified fees are allowed by law, the date that such service was rendered and the time actually and necessarily devoted to the performances of any service charged in accounts shall be specified, which account so made shall be verified by affidavit. (W.S. 18-3-510 (a) Statutes of Wyoming)

ASSIGNMENT

For value received, I, the undersigned, do hereby sell, assign and transfer unto

VENDORS AFFIDAVIT – I DO SOLEMNLY SWEAR, UNDER PENALTY OF PERJURY THAT THE FOLLOWING ACCOUNT IS JUST AND CORRECT AND HAS NOT BEEN PAID, OR ANY PART THEREOF, BY THE COUNTY OF PLATTE NOR BY ANY INDIVIDUAL.

State of Wyoming,
County of Platte

TAX EXEMPT

DO NOT INCLUDE STATE OR FEDERAL TAXES ON YOUR BILL

Name of Vendor Signature Date

For value received, I, the undersigned, do hereby sell, assign and transfer unto

all my right, title and interest in and to the within claim against Platte County, Wyoming, and if said claim is allowed in whole or in part, I hereby authorize and direct that the Warrant conveying said voucher and claim be drawn in favor of the above assignee, and if so drawn this will constitute my receipt in full of the claim herein contained.

RETURN SIGNED VOUCHER TO: Platte County Clerk, PO Box 728 Wheatland, WY 82201

APPROVED FOR PAYMENT BY AUTHORIZED OFFICIAL By:	ACCT: _____
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Date _____ Signed _____