

**VENDOR: Please complete the unshaded areas. Your invoice cannot be processed unless this voucher is completed, signed and returned to the above address.**

Voucher # \_\_\_\_\_

\_\_\_\_\_  
 (Vendor's Name , Address ,Phone Number)

Date	Quan	Description of Materials or Services	Unit Price	Amount
<b>TOTAL</b>				

\_\_\_\_\_ says that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
 (Name) (Title)

\_\_\_\_\_ the claimant and that the items of the account hereto  
 (Corporation, Company, Individual)

annexed in the sum of \$\_\_\_\_\_ are correct and that said account or any part thereof has not been presented to any preceding Commissioners for audit or allowance, that the disbursements and services charged in the said account have, in fact, been made, or necessary to be made and rendered, and no part of said account has

been paid or satisfied. Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Space below for Water District Use)

Vendor # \_\_\_\_\_ Check/Voucher # \_\_\_\_\_

Check Date \_\_\_\_\_

G/L Account	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approval

\_\_\_\_\_ Business Manager \_\_\_\_\_ Superintendent

Date \_\_\_\_\_

Board of Commissioners:

\_\_\_\_\_ Chairman

\_\_\_\_\_ Treasurer

\_\_\_\_\_ Secretary