

EMPLOYEE NAME _____

VENDOR # EF1020 VENDOR NAME: ELAN FINANCIAL SERVICES

ACCOUNT # _____ STATEMENT DATE _____

DUE DATE _____ TOTAL \$ _____

DESCRIPTION _____

RECEIPTS ATTACHED	LINE #'S	DESCRIPTION
_____	_____ - _____ - _____ - _____	_____ \$ _____
_____	_____ - _____ - _____ - _____	_____ \$ _____
_____	_____ - _____ - _____ - _____	_____ \$ _____
_____	_____ - _____ - _____ - _____	_____ \$ _____

E.O./D.H. OK to pay: _____ Approval to pay: _____

VERIFICATION: I acknowledge that the above expenditures do not violate any Teller County purchasing policies. Should any original receipts not be attached to this statement, the appropriate justification form is included for backup purposes.

EMPLOYEE SIGNATURE