

TELLER COUNTY WARRANT REQUEST FORM

VENDOR # _____ *Return warrant to:* _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

INVOICE #: _____ INVOICE DATE: _____

DUE DATE: _____ TOTAL \$ AMT: _____

DESCRIPTION: _____

LINE #'S: (FUND#-DEPT#-EXPENDITURE#-LOCATION CODE#)

_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____
_____ - _____ - _____ - _____	\$ _____

Rec'd by: _____ OK to pay: _____ Approval to pay: _____



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