



MORGAN COUNTY

SECTIONS 30-25-109 and 30-25-110 Colorado Statutes provides all Vouchers MUST be signed by Claimant before payment can be approved. NOTICE! All Vouchers for Supplies MUST be itemized or have invoice attached.

BILL TO:

Morgan County Accounts Payable Department  
P.O. Box 189  
Fort Morgan, CO 80701

VENDOR #: \_\_\_\_\_

PURCHASED BY: \_\_\_\_\_  
DELIVER TO: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

FREIGHT TERMS: \_\_\_\_\_

ACCT USE ONLY										
	VENDOR#	S/T	SUBCODE	PRODUCT #	VENDOR PRODUCT #	G/L ACCOUNT #	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
	DESCRIPTION									
	VENDOR INV#									
	INVOICE AMT									
	INVOICE DATE									
	INV DUE DATE									
	WAREHOUSE#									

I certify that the above purchase is necessary for the operation of Morgan County and that the funds are appropriated in the current budget.

Requested by (APP) \_\_\_\_\_ Date \_\_\_\_\_  
Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_  
PA Approval \_\_\_\_\_ Date \_\_\_\_\_

AQV #1 \_\_\_\_\_ \$ \_\_\_\_\_ L \_\_\_\_\_  
AQV #2 \_\_\_\_\_ \$ \_\_\_\_\_ L \_\_\_\_\_  
AQV #3 \_\_\_\_\_ \$ \_\_\_\_\_ L \_\_\_\_\_  
PREPAYMENT \_\_\_\_\_ PA \_\_\_\_\_

DEPT. USE ONLY				
P.O. _____	CONFIRMING _____	MONTHLY _____		
STANDARD _____	BLANKET _____	EMERGENCY _____		
CLASS: I _____	II _____	III _____	IV _____	V _____

The undersigned, under penalty of perjury, states that the above account is true and just; that the articles of services rendered have been furnished or performed and that the charges made therefore are true and correct after allowing all credits and set offs.

Purchasing Agent \_\_\_\_\_ Date \_\_\_\_\_  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_  
Checked by \_\_\_\_\_ Date \_\_\_\_\_  
Operator \_\_\_\_\_ Date \_\_\_\_\_

Commissioner \_\_\_\_\_ Date \_\_\_\_\_  
Commissioner \_\_\_\_\_ Date \_\_\_\_\_  
Commissioner \_\_\_\_\_ Date \_\_\_\_\_