

PAYEE:

NAME Carver County Finance Department

ADDRESS _____

City/State _____

VENDOR # _____ WARRANT TYPE JE

FUND 77-LMRWD

1099 _____

SERVICE DATE 2018

CONTRACT # _____

CONTRACT BALANCE AMOUNT _____

CAPITAL ASSET APPROVAL DATE _____

DECLARATION: I declare under the penalties of law (MS 471.391) that this account claim or demand is just and correct and that no part of it has been paid, and adheres to County policy and procedures.

The attached invoice has been verified for goods received or services performed

AUTHORIZED SIGNATURE _____ DATE 12/16/2018

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
Fin0020	77				7709	Q4 2018 Financial Services	\$1,210.20
TOTAL							\$1,210.20

Presented to the County Board on _____, 20__ and \$ _____ allowed _____ Chairman County Board

Approved for Disbursement _____ Date _____ Initials _____