



**PAYMENT VOUCHER
JOHNSON COUNTY, WYOMING**

76 N MAIN ST
BUFFALO, WY 82834

_____, 20____

Pay To: _____

Address: _____

City: _____ State: ____ Zip: _____

All claims against the County MUST be fully itemized.

Invoice #	Description	Amount

MILEAGE MUST BE ITEMIZED

Date	Miles	From	To	For What Purpose	Rate Per Mile	Amount

Departmental Approval: _____ From Account No.: _____

I certify, under penalty of perjury, that this voucher and the items included therein for payment are correct and just in all respects, and that neither the whole, nor any part thereof, has been paid.

(Signature of Claimant)