

Comments:

Check No.:

Date Paid:

Athens County Board of County Commissioners

P.O. No.: _____

Athens, Ohio _____

Amount: _____

Vendor No.: _____

To: _____

Fund No.: _____

Fund Name: _____

Dept. No.: _____

Department Name: _____

Code No.: _____

Account Name: _____

Invoice No.	Account No.	Description	Amount

_____ THEN AND NOW

It is hereby certified that the above amount required to meet the contract, agreement, obligation, payment or expenditure, for the above, has been lawfully appropriated or authorized or directed for such purpose as is in the treasury or in process of collection to credit of the above fund free from obligation or certification now outstanding.

It is also hereby certified that at the time of making such contract or order and at the time of execution of this voucher, a sufficient sum was appropriated for the purpose of such contract.

Authorized Signature

Date

Authorized Signature

Date

Authorized Signature

Date