Comments:				
			Check No.:	
			Date Paid:	
P.O. No.:		Athens County Board o	f County Commissioners	
Vendor No.:		Athens, Ohio	Amount:	
To:		Fund No.:	Fund Name:	
		Dept. No.:	Department Name:	
		Code No.:	Account Name:	
Invoice No. Account No.		Description		Amount
It is hereby certif	THEN AND NOW	required to meet the	Authorized Signature	Date
contract, agreement, has been lawfully ap	, obligation, payment or e ppropriated or authorized treasury or in process of c	spenditure, for the above, or directed for such	·	
above fund free from It is also hereby	n obligation or certification certified that at the time of	on now outstanding. f making such contract or	Authorized Signature	Date
order and at the time of execution of this voucher, a sufficient sum was appropriated for the purpose of such contract.			Authorized Signature	Date