# BAY COUNTY DISBURSEMENT VOUCHER

Vendor #: _____ Vendor Name: _____

PO # _____ Remit To: _____

_____

**DISTRIBUTION ALLOCATION:**

Org/Object_____ $_____

Org/Object_____ $_____

Org/Object_____ $_____

| INVOICE NUMBER | INVOICE DATE | DESCRIPTION | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**VOUCHER MUST HAVE SUPPORTING ORIGINAL INVOICE ATTACHED**

It is hereby certified that the above account has sufficient funds to pay for the total amount of this voucher and that no part of the same has been paid.

_____ _____

Department Name Date

_____ _____

Prepared by Department Head/Elected Official

---

If funding for this purchase is provided by a Federal Grant this section **MUST** be completed to be compliant with all Federal Requirements

**FEDERAL EXPENDITURE APPROVAL**

"By signing this statement, I certify to the best of my knowledge and belief that the invoice is true, complete, and accurate, and the expenditures and disbursements are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

_____ _____

**Date** **Signature, Grant Administrator**

*MUST BE SIGNED AND ATTACHED TO ALL FEDERAL GRANT INVOICES (A/P) OR THE FINANCE DEPARTMENT WILL BE UNABLE TO PROCESS THIS EXPENDITURE*