DAKOTA COUNTY NEBRASKA

COUNTY CLAIM FORM

County Assigned Vendor Number

Vendor Name _____
Address _____
City/State _____

Total Amount of Claim _____

County Office Receiving Service or Goods
Office _____
Address _____
City/State _____

Approval

The Undersigned hereby Approves This Claim for payment

Signature _____

Authorizing Signature of Department Head

Date	Budget Code (For County Use Only)	Amount	Invoice	Description

I Certify that the above account is just and true and that neither the same nor any part thereof has been paid.

_____
Claimant/Vendor

Clerk's Filing Stamp

Approved:

_____
Chairperson, Board of County Commissioners

_____
_____ A/P Check #