			Purchase Ord				
			Court Clerk Rev	olving F			
County Name					P. O. /Claim No.		
Name of Court Clerk				P.O./Claim Date			
Address of Court Clerk				Fiscal Year			
City, State, Zip				Invoice No.			
Phone No.				Voucher No.			
Email							
Vendor I. D. No.			Purchasing Officer Approval				
Vendor Name				I hereby cetify that the purchase order-claim has been verified for			
Vendor Address					adequate funding and compliance with the procurement laws 19 §220; 19 §1501, if applicable 61 §102 se. seq. for improvements to public buildings.)		
City, State,	City, State, Zip						
Phone No.	Phone No.						
Fax No.							
Email					Purchasing Officer/Court Clerk		
Tax I. D.							
				Total	1		
Quantity	Quantity Item Description		Unit Price	Total Costs	Expenditure Type (Use dropdown)	Receiving Use Only	
	_	_	Total				
					1		
	Rece	iving		1	Governi	ng Board	
	<u>Receiving</u>				The claim is approved for paymen	-	
	ertify receipt of above stated g has been compared to the pur recon	rchase order	ntity indicated. The delivery and any discrepancies have been				
	recondied.				Date		
	Da	ate			Distric	t Judge	
	Da	ate		•			
	Da Receivin					t Judge istrict Judge	