

Voucher Request Lake County

Payee (to be paid to):

Date: _____

Department : _____

Account #	Description	Amount
TOTAL		

CLAIM AGAINST THE COUNTY OF LAKE, 18 North County Street, Waukegan, Illinois 60085

STATE OF ILLINOIS)

LAKE COUNTY) SS _____ Claimant

Certifies that the annexed amount against the County of Lake and the State of Illinois, and the several items therein mentioned are just and true, and the services rendered, or the articles furnished, were furnished as therein charged and amount claimed, to wit :

_____ Dollars
is due and unpaid after allowing all just credits.

_____ Date

_____ Signature of Claimant

For Office Use Only :

Project :	Activity :	Voucher :	Type :
Approval :	Approval :	PO :	Date: