



VOUCHER FORM
COOK COUNTY GOVERNMENT

(FORM 29 A)

Date _____

Req. No. _____

Purchase Order No. _____

**FOR COUNTY
 USE ONLY**

DEPARTMENT

ACCOUNT

VENDOR NO.:

Seller's Invoice Number

Seller's Name & Address

COST CENTER

Department of Planning and Development

DELIVERED TO

F.E.I.N./S.S (Must provided in the space above or voucher will be returned)

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

DEPARTMENT APPROVAL	TOTAL:	
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<p>WE HEREBY CERTIFY THAT THIS INVOICE IS RENDERED IN FULL CONFORMITY WITH THE PURCHASE ORDER OR CONTRACT AND MEETS THE SPECIFICATIONS CONTAINED THEREIN.FEDERAL REGULATIONS ARE ALSO COMPLIED WITH.</p>	<p>I HEREBY CERTIFY THAT I HAVE EXAMINED THE RECEIVING REPORT FROM THE USING DEPARTMENT AND IT AGREES WITH THIS INVOICE AND THAT SATISFACTORY EVIDENCE IS ATTACHED HEREWITH OF RECEIPT OF GOODS AND OR SERVICES.</p>	<p>EXAMINED AND APPROVED</p> <p>_____</p> <p>AUDITOR</p>
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VENDORS SIGNATURE	PURCHASING AGENT	COMPTROLLER
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