

Return To: DOUGLAS COUNTY SOCIAL SERVICES
 809 Elm Street , Suite 1186
 Alexandria, MN 56308

County Use
Paid Date:
Warrant #:
Notes:

Send To:

Voucher / Invoice

Service Vendor:		Cnty Vendor #:	
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Additional Instructions:

Client Name:		SSIS #:	
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Contract #:		Service:	
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Start Date:		End Date:		Rate:	
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# of Units:		Unit Type:		Amount:	
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I/We declare under penalties of perjury that I/we are making the within claim; that I/we have examined said claim and that the same is just and true, that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and as such are allowed by law; and no part of said claim has been paid.

Client Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Cnty Worker Signature: _____ Date: _____

Cnty Supervisor Signature: _____ Date: _____