

BILL LIST AMENDMENT

AUDIT MONTH TO BE AMENDED: November

REQUESTING DEPARTMENT: Prosecutor

VENDOR NAME: see attached

PURCHASE ORDER # see attached PURCHASE ORDER TOTAL \$ see attached

LINE ACCOUNT NUMBER: _____

DESCRIPTION: grant purchases

INVOICE AMOUNT \$ _____ PAYMENT REQUESTED \$ _____

REASON FOR AMENDMENT: grant closes and has to be paid
o w/ this bill list.

Charles A. Fiere _____
DEPARTMENT HEAD SIGNATURE DATE

APPROVED: [Signature] _____
ADMINISTRATOR DATE

* Please hold
checks until
paperwork rec'd *

ADMINISTRATOR PLEASE FORWARD APPROVED COPIES TO:

CLERK OF THE BOARD

TREASURER

TREASURER: _____

DATE OF CHECK ISSUED: _____ SIGNATURE _____

TREASURER PLEASE FORWARD COMPLETED COPIES TO:

PURCHASING (ACCOUNTS PAYABLE)
USING DEPARTMENT

PO #	Amount	Vendor
18-08395	\$510.59	IAFN
18-07704	\$1,749.00	IAFN
18-07403	\$3,687.00	Atlantic Tactical
18-08396	\$36.79	Office Depot
18-08393	\$341.84	Displays2Go
18-08397	\$147.55	Displays2Go
18-08402	\$248.16	Bob Barker
18-06915	\$962.36	Verizon