

BILL LIST AMENDMENT

AUDIT MONTH TO BE
AMENDED December

REQUESTING DEPARTMENT Social
Services

PURCHAS ORDER NUMBER 12465 Req # RT- PO # 11-11849

PURCHASE ORDER TOTAL
\$578.40

LINE ACCOUNT NUMBER 1-01-27-345-002-
62104

DESCRIPTION Medicare Reimbursement for January 1 2011 to June 30 2011,

INVOICE
AMOUNT \$578.40

PAYMENT AMOUNT
REQUESTED \$578.40

VENDOR NAME/VENDOR NUMBER Horace Broughton,
BROUH005

REASON FOR AMENDMENT Staff error missed original bill list

James Johnson 12-21-11
DEPARTMENT HEAD SIGNATURE DATE

APPROVED:

Chad M. Bruner 12/21/11
CHAD M. BRUNER GERALD A. WHITE DATE

ADMINISTRATOR WILL SEND TO:

TREASURER (ORIGINAL) & CLERK OF THE BOARD (COPY)

TREASURER:

DATE OF CHECK ISSUED _____

SIGNATURE _____

TREASURER WILL FORWARD COMPLETED COPIES TO:

1. PURCHASING (ACCOUNTS PAYABLE)
2. USING DEPARTMENT