Meade County Uniform Voucher						Date Filed	Department/Office
Name (Last, First, MI)							
						Cell Phone	
						e-mail	
Address:							
						1	
Date	Purchase		Vendor		Cost	Reciept included	
						4	
						4	
						4	
						4	
						4	

All purchases need to be presented with a voucher and a supporting reciepts to the Auditors Office.

Signature

Date

For Office use only: Employee: Department: Annual Allowance: Previous balance: Date Approved

New Balance