

Olmsted County Community Services
Vendor Request for Payment

Month: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please Mail Completed Vouchers:
Olmsted County Community Services
Attn: Accounts Payable 2117
Campus Dr SE, Suite 200
Rochester, Mn 55904

**Receipts for clothing and incidental expenses are
required for reimbursement**

	Client Name	Service Description	Dates (from-to)	# Units	Unit Rate	Amount
1						
2						
3						
4						
5						
6						
7						
Total						

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 are such as are allowed by law: and no part of said claim has been paid.paid/performed for the purpose therein stated: that the services charged are official and are such as are allowed by law: and no part of said claim has been paid.

Vendor Signature: _____ Date: _____