

***Check is to be:** (If picked up, Receipt Verification Section must be completed)

Mailed – Vendor Mailed - County Other (Specify) _____

***Caseworker Signature:** _____ **Date:** _____

***Approval Signature:** _____ **Date:** _____

(Original invoice must be approved for payment)

***County Purchasing Authority:** _____ **Date:** _____

(Please sign CPA line if request is for a Purchase Order)

Receipt Verification (Check Pick-up)

I certify that I have received a check/items/service indicated above.

Print Name: _____

Signature: _____