

# BEE COUNTY INVOICE COVERSHEET

Today's Date \_\_\_\_\_

Dept. Name: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

AUDITOR'S OFFICE USE	
Date Received	_____
Vendor ID#	_____
Invoice ID#	_____

Purchase Order#: \_\_\_\_\_

Blanket PO#: \_\_\_\_\_

Emergency P O#: \_\_\_\_\_

Contract/Service Agrmt: \_\_\_\_\_

Invoice #	Invoice Date	Description	Line-Item Name	Line-Item #	Amounts
Total Expense					

Notations:

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\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Approval Signature  
(Optional)