

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
DIRECT PAYMENT VOUCHERS**

VOUCHER NO.

VENDOR NAME			
VENDOR ADDRESS			
VENDOR CITY	[REDACTED]	DATE	
VENDOR STATE; ZIP		VENDOR #	

PURPOSE	ACCOUNT NUMBER	AMOUNT

AUTHORIZED USES

THIS FORM IS TO BE USED TO AUTHORIZE DIRECT PAYMENT BY FINANCE FOR THOSE ITEMS LISTED IN COUNTYWIDE PPM # CW-L-035.

APPROVAL

DEPARTMENT	DIVISION
SIGNATURE	TITLE