



CITY OF NEWPORT VOUCHER

DEPT. _____ DIVISION _____ DATE _____

VENDOR NO. _____ DATE DUE _____

INVOICE NO. _____ MEMO _____ \$ _____ AMOUNT

DESCRIPTION _____ CHECK NO. _____

| ACCOUNT NUMBER | AMOUNT | ACCOUNT NUMBER | AMOUNT |
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DEPT. HEAD _____ FINANCE DIRECTOR _____ CONTROLLER _____

VENDOR NAME _____

ADDRESS _____

MAIL () OR RETURN TO: _____

This voucher will not be processed unless sufficient funds are available or transfer is attached.

ORIGINAL