

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: General
BOARD MEETING DATE: _____
DATE SUBMITTED: _____

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER	INVOICE DATE	DESCRIPTION	
	VENDOR NAME			
	FUND LINE			
	INVOICE NUMBER	INVOICE DATE	DESCRIPTION	
	VENDOR NAME			
	FUND LINE			
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	VENDOR NAME			
	FUND LINE			
	INVOICE NUMBER	INVOICE DATE	DESCRIPTION	
	VENDOR NAME			
	FUND LINE			
	TOTAL			

Consent given by the County Board



Official/Department Head Signature

Unless noted by circling an item on this form, board consent implies approval of all individual requests.