

WAYNE COUNTY

(DEPARTMENT NAME)

DATE: _____

To: Budgetary Accounting Department
Wayne County Auditor's Office

Please issue a certificate in accordance with 5705.41D of the Ohio Revised Code for the purpose of paying the following obligations, which were presented after the fact.

Vendor: _____

Account Number: _____

Amount: _____ Invoice Date: _____

(Signature)

(Department)