_____ COUNTY

_____ DEPT.

GOVERNMENTAL PRODUCTS LLC
(231) 275-7070

TRANSMITTAL ADVICE

(FORMER REVENUE VOUCHER)

DATE DEPOSITED_____ DEPARTMENTAL T. A. NO._____

TO THE COUNTY TREASURER:

(PREPARE THIS REPORT MONTHLY FROM THE DEPARTMENT'S RECEIPTS REGISTER.)

FUND	ACCOUNT		TOTAL FEES COLLECTED		AMOUNT TO COUNTY TREASURER		TOTAL BY FUNDS	
	NUMBER	NAME						
		TOTALS						

I HEREBY CERTIFY THAT THE FOREGOING IS A COMPLETE AND CORRECT AMOUNT OF ALL FEES AND MONIES COLLECTED FOR THE PERIOD HEREIN STATED AND THAT ALL ITEMS ARE VERIFIED IN DETAIL BY DOCUMENTS ON FILE AND BY CREDITS DULY ENTERED ON BOOKS OF ACCOUNT OF THE UNDERSIGNED:

SIGNED

COUNTY TREASURER'S
RECEIPT NO.