

VENDOR NAME: Elite Van Service Inc  
 VENDOR ADDRESS: P.O. Box 52  
Mt. Horeb, WI 53572

VENDOR NUMBER: 1152  
 REMIT NUMBER: \_\_\_\_\_  
**PAYMENT VOUCHER**  
**DANE COUNTY, WISCONSIN**

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
		<u>January 2015</u>	
<u>66.5 HRS</u>	<u>2/1/15</u>	<u>S/W Dane Rural Encls</u>	<u>\$ 2,235.06</u>
<u>101.5 Hrs.</u>		<u>N/W Dane Rural Encls</u>	<u>\$ 3411.42</u>
		<u>OK NO 2/1/15</u>	<u>\$ 5646.48</u>

I hereby certify that the above itemized claim for 5646.48 Dollars (\$ 5646.48) is true and correct and no portion of the same has been paid.

CERTIFIED BY (Signature): Dustin Schneider  
 TITLE: Quartermaster  
 DATE: 2-4-15

Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

**TOTAL** 5646.48

The above is hereby approved for payment

COMMITTEE (IF REQUIRED): \_\_\_\_\_ FINANCE COMMITTEE: \_\_\_\_\_ AGENCY (IF REQUIRED): Dyn 2/19/15

VENDOR NAME <i>Care Van Service Inc.</i>		VENDOR NUMBER <i>1152</i>	REMIT NUMBER
VENDOR ADDRESS <i>P.O. Box 52</i>		<b>PAYMENT VOUCHER</b> <b>DANE COUNTY, WISCONSIN</b>	
<i>Mt. Horeb, WI 53572</i>			

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
		<i>February 2015</i>	
<i>75 HRS.</i>	<i>3/1/15</i>	<i>75w Dane Co. Rural Seniors</i>	<i>\$2520.75</i>
<i>113 HRS.</i>	<i>1/5</i>	<i>113w Dane Co. Rural Seniors</i>	<i>\$3797.93</i>
		<i>OK - NTC 3/10/15</i>	<i>6318.68</i>

I hereby certify that the above itemized claim for *6,318.68* Dollars (\$ *6,318.68*) is true and correct and no portion of the same has been paid.

CERTIFIED BY (Signature) *M. Schuler*  
 TITLE *Coordinator* DATE *3-2-15*

Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

**TOTAL** *6318.68*

The above is hereby approved for payment

COMMITTEE (IF REQUIRED)	FINANCE COMMITTEE	AGENCY (IF REQUIRED) <i>3/1/15</i>
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