TOWN OF WRIGHT
P.O. Box 70
Wright, Wyoming 82732

TO: _____

(Name of Vendor) (Town Or City) (State) (Zip)

All Claims Against the Town Must be Fully Itemized, Dated and Sworn to.

Date of	Article or Item		Amount
Purchase			
		TOTAL	$ -

STATE OF WYOMING
Town of Wright
County of Campbell

I certify, under penalty of perjury, that this voucher and the terms included therein for payment are correct and just in all respects.

Please sign and return voucher by mail or fax for payment processing.

Thank You. FAX- 1-(307)-464-0813

_____
Signature of Claimant

DATE _____
MAYOR

_____
Council Member