

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LEVY**

I hereby swear or affirm the following:

1. That I am a Levy County, Florida employee in the _____ Dept.
2. That on _____, 20____, I paid _____
in the amount of \$_____ for _____ that was a valid
and necessary expenditure for the operation of the department. A signed copy
of the receipt is attached.

Signature

Printed Name