



**MIAMI-DADE COUNTY
HUMAN RESOURCES
PAYROLL & INFORMATION MANAGEMENT DIVISION**
111 N.W. 1st Street – Suite 2010
Miami, Florida 33128

VOUCHER REQUEST FORM

Date _____

Please process a voucher for:

Name _____

DDL _____

Employee ID _____

Index Code _____

It is understood that the requesting department will be charged \$25.00 for processing this voucher.

Please forward this request to the Payroll and Information Management Division, Human Resources.

Authorizing Signatures

Departmental Personnel Representative

Date _____

Department Director

Date _____

Do not write below this line – For Payroll and Information Mgmt. Division use only

Payroll and Information Management Division

Date _____

Finance

Date _____