



## NAVARRO COUNTY AUDITOR'S OFFICE

**Natalie Robinson**, First-Assistant  
**Stephanie Cates**, Assistant  
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**Kari Davis**, Purchasing Assistant

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### INTEROFFICE MEMO

The attached item is being returned for the following reasons:

- ☒ Item incurred before purchase order issued
- ☐ Purchase order number is inconsistent with invoice
- ☐ Amount billed does not match the purchase order
- ☐ Vendor on purchase order does not match invoice
- ☐ Insufficient documentation to process payment
- ☐ Signature or date not present
- ☐ System shows invoice paid
- ☐ Budget Account Number (Line Item) is missing – Acct # \_\_\_\_\_
- ☐ Insufficient budget in Line Item
- ☐ Payment Request inconsistent with County Policy
- ☒ Other Did not get PO

Please provide the additional documentation or explanation necessary to process this payment request. This notice must remain attached to the payment request.

Additional explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Department Head or Elected or Appointed Official must sign this form confirming notification that the Navarro County Purchasing Policy was not followed on this purchase.**

Signature

Date

**INVOICE 22568**

**903-519-3563**

SOLD TO

RECEIVED

DATE \_\_\_\_\_

$$\begin{array}{r} 1.2425 \\ \hline 2-24-15 \end{array}$$

ADDRESS

FEB 28 2025

PHONE

~~NAVARRO COUNTY~~ PO NUMBER

AUDITOR'S OFFICE

TERMS NET 30 DAYS FROM INVOICE DATE. INVOICES NOT PAID  
INACCORDANCE WITH TERMS ARE SUBJECT TO A SERVICE  
CHARGE OF 1½% PER MONTH. 18% PER YEAR

I CERTIFY THE ITEMS ON THIS INVOICE ARE FOR EXCLUSIVE USE ON A FARM OR RANCH IN THE PRODUCTION OF AGRICULTURAL PRODUCTS FOR SALE. I UNDERSTAND THAT IF THESE ITEMS ARE NOT USED EXCLUSIVELY IN THIS MANNER, I WILL BE LIABLE FOR THE TAX, PENALTY AND INTEREST.

SIGNATURE (REQUIRED)

AG/TIMBER NUMBER (REQUIRED)