

Fund

Date of
Payment

Paid by Warrant

No. _____

Approved by ST. CLAIR COUNTY COMMISSION
By Stan Batemon Chairman

ST. CLAIR COUNTY COMMISSION, ST. CLAIR COUNTY, ALABAMA
2023

		To Payment of:		
		THIS IS TO CERTIFY THAT THE AMOUNT SHOWN BELOW IS FOR THE OUTPATIENT FEE THAT I PAID.		
		NAME:		
		X _____		
		NAME OF OUTPATIENT FACILITY:		
		DATE OF SERVICE		
		RESOLUTION 98-45	Total	\$75.00

I hereby certify that the foregoing account is true and correct, due and unpaid.

x _____

STATE OF ALABAMA

ST. CLAIR COUNTY Before me, _____, a Notary Public in and for said County, in said State, personally appeared the undersigned party, who, being duly sworn stated that the above-itemized account is true and correct, due and unpaid.

Sworn to and subscribed before me this _____ day of _____, 2023

_____ Notary Public