R*STARS
EMERGENCY DISBURSEMENT COVER SHEET

BATCH AGENCY CODE NO. _____

ORIGINAL ARCHIVE NO. _____

EMERGENCY ARCHIVE NO. _____

FINAL ARCHIVE NO. _____

TO: COMPTROLLER OF MARYLAND
STATE OF MARYLAND, ANNAPOLIS 21404

There are submitted herewith for audit and payment against the indicated accounts invoices aggregating

_____charged by this state agency for the fiscal year ending June 30, 19___.

_____
Agency Contact: Name & Telephone Number

_____
Authorized Signature Submission Date

CONTROL INFORMATION

GROSS AMT. OF INVOICES $ _____

LESS CREDIT MEMOS $ _____

NET AMT. OF TRANSMITTAL _____

NUMBER OF DOCUMENTS _____

NUMBER OF PAGES _____

PAGE 1 of _____

TO BE COMPLETED BY THE COMPTROLLER'S OFFICE:

_____
Auditor's Signature (Date)

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