

ACCOUNTS PAYABLE VOUCHER

EAST ALLEN COUNTY SCHOOLS • 1240 STATE ROAD 930 EAST • NEW HAVEN, INDIANA 46774

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<p style="text-align: center;">Payee</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Purchase Order No. _____</p> <p>Terms _____</p> <p>Date Due _____</p>
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Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
Total			

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____

_____, 20____

Signature Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6

_____, 20____

Treasurer

VOUCHER NO. _____ WARRANT NO. _____

PAYEE _____

Charge These Appropriations

Account Number	Account Name	Amount
Total		

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s) bill(s) in the amount of

\$ _____

APPROVED _____, 20 ____

BOARD OF SCHOOL TRUSTEES