## **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.

	Payee		1	
		Purchase Order No.	Purchase Order No	
	,	Terms		
	:	Date Due		
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	
emized the	reon for which charge	s made were ordered and received except		
		20		
	,	Signature	Title	
I hereby ccordance	y certify that the attacl with IC 5-11-10-1.6	ed invoice(s), or bill(s), is (are) true and correct and I have	ave audited same in	
		-		
		Treasurer		

		115	nese Appropriatio	Charge II
		Amount	Account Name	Account Number
1				
and the invoice(s) or bill(s)	Ma hava ayamin			
ned the invoice(s) or bill(s) approving such invoice(s),	attached and are	***		
unt of	bill(s) in the amou			
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	BOARD OF		Total	

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