

Warrant Number

ACCOUNTS PAYABLE VOUCHER

Warrant Amount

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, no. hrs, rates per hr, #units, price per unit, etc.

Date Allowed

REFERENCE(ACCT #,BILLING #,CUST #,INV #)	BILLED AMOUNT	DATE BILLED	DEPT NAME/LOC #
	\$0.00		

Doc # # Pages

Purchase Order #

Vendor No

Vendor Name

Address

City

State, Zip

DESCRIPTION	ORG-OBJECT	ACCT AMT
	INVOICE TOTAL	\$0.00

Board Of County Commissioners

Commissioner

Commissioner

Commissioner

Date: _____ Vendor or other Required Signature _____

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 and received except:

Date: _____ Office Holder: _____

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 5-11-10-2.

Date: _____ County Auditor: _____