

Warrant Number

Warrant Amount

Date Allowed

Doc # # Pages

Vendor No

Vendor Name

Address

City

State, Zip

Board Of County Commissioners_____
Commissioner_____
Commissioner_____
Commissioner**ACCOUNTS PAYABLE VOUCHER for ACH or WIRE TRANSFER**

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.

PO #	REFERENCE	BILLED AMOUNT	DATE BILLED	DEPT NAME/LOC #
DESCRIPTION			ORG-OBJECT	ACCT AMT
			CLAIM TOTAL	

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: _____