

Warrant Number

Warrant Amount

Date Allowed

Doc # # Pages

Purchase Order #

Vendor No

Vendor Name

Address

City

State, Zip

Board Of County Commissioners_____
Commissioner_____
Commissioner_____
Commissioner**ACCOUNTS PAYABLE VOUCHER**

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.

REFERENCE(ACCT #,BILLING #,CUST #,INV #)	BILLED AMOUNT	DATE BILLED	DEPT NAME/LOC #
DESCRIPTION		ORG-OBJECT	ACCT AMT
		INVOICE 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:_____