ACCOUNTS PAYABLE VOUCHER

State Form 53786 (11-08) / DCS 1105
Approved by State Board of Accounts, 2008
Prescribed by Indiana Department of Child Services

Reset Form

VENDOR INFORMATION		ACCOUNTS PAYABLE INFORMATION
Name of Vendor		**Date *(month, day, year)***
Address *(Number, Street, P.O. Box Number)*		**Invoice Number**
City, State, and ZIP Code *(00000-0000)*		**Invoice Amount**
Social Security Number		**Business Unit**
Federal Identification Number		**Fund/Center**
Peoplesoft Vendor Identification Number		**Object/Account**
		Budget Reference
AGENCY INFORMATION		
Name **Indiana Department of Child Services**	**Business Unit** **502**	**Department**
Division or County Name		**Class/Program**
Address *(Number, Street, P.O. Box Number)*		**Locality**
City, State, and ZIP Code *(00000-0000)*		**Product**
Name of Requestor		**Project**
Phone Number	**Fax Number**	**Activity**
Description of Materials or Services:		
Special Instructions:		

APPROVAL *(follow signature route in the same sequence as listed)*

1. Approver 1 Signature	Date Signed *(month, day, year)*	2. Approver 2 Signature	Date Signed *(month, day, year)*
3. Budget Signature	Date Signed *(month, day, year)*	4. Other 1 Signature	Date Signed *(month, day, year)*