

Prescribed by State Board of Accounts
Form No. 301 (Rev. 1995)

ACCOUNTS PAYABLE VOUCHER

TO _____

ADDRESS _____

	Invoice Date	Item	Amount	

I hereby certify that the attached invoice(s), or bill(s), is (are) true and that the materials or services itemized thereon for which charge is made were ordered and received except _____

_____, _____

Signature Title

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 5-11-10-1.6.

_____, _____

Officer Title