ACOUNTS PAYABLE VOUCHER

lates sen	Signature Title I hereby invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.	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 were ordered and received except	I hereby certify that the attached invoice(s), or bill(s), is itemized thereon for which charge is made were ordered and received 6		Invoice Invoice D Date Number (or note attach			Payee	TOWN OF, INDIANA An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.	
	ure Title I hereby certify that the attached ce with IC 5-11-10-1.6.	and correct and that the materials				tion oice(s) or bill(\$)	Date Due	Terms	Purchase Order No.	NA med, dates service rendered, by nit, etc.

VOUCHER NO	WARRANT N	10	
			ALLOWED
			IN THE SUM OF \$
	<u>s</u>		
ON ACC	COUNT OF APPROPRI FOR	ATION	
			Council Members
	RIBUTION LEDGER CLASS		
Acct No	Account Title	Amount	
	A		