Sheet No. ____________

Month of ____________ 19___

ACCOUNTS PAYABLE JOURNAL

Prescribed by State Board of Accounts Form GH-6 (Rev. 1966)

NURSING DIVISION EXPENSES

	Date	Warrant Number	Name of Vendor	Voucher or Claim No.	Accounts Payable 217.00	Salaries and Wages Payable 217.10	Med and Surgical 610		Pediatric 630		Intensive Care 640		Psychiatric 643		Obstetric 646		Newborn Nurseries 650		Other 658		Operating Rooms 660		Recovery Rooms 665		Delivery and Labor Rooms 670		Central Services and Supply 675		Intravenous Therapy 677		Emergency Service 678				
							Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	Sub Acct	Amount	
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36			Totals Carried Forward																																36