

ACCOUNTS PAYABLE VOUCHER

WARRANT NO:	VANDERBURGH COUNTY, INDIANA 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.				
WARRANT AMT:					
VOUCHER NO:	DESCRIPTION	INVOICE #	PO #	ACCT#	AMOUNT
DATE ALLOWED:		INV DATE	MEMO	VCHR	
VENDOR NO:					
VENDOR NAME:					
ADDRESS:					
CITY:					
STATE, ZIP:					
BOARD OF COUNTY COMMISSIONERS					
COMMISSIONER					
COMMISSIONER					
COMMISSIONER					
Total					
Date _____ Vendor 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 _____					