

## ACCOUNTS PAYABLE VOUCHER

**Community School Corporation of Eastern Hancock County, 10370 E 250 N, Charlottesville, IN 46117**

An invoices or bill to be properly itemized must show: kind of service, where performed, dates of service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee	Purchase Order No.

Invoice Date	Invoice Number	Description [or note attached invoice(s) or bill(s)]	Amount
		Total	

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 \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_ Signature \_\_\_\_\_ Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that I have audited same in accordance with IC 5-11-1-1.6.

Date \_\_\_\_\_  
\_\_\_\_\_ Treasurer

PAYEE \_\_\_\_\_ Voucher No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

Account Number	Account Name	Amount

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of \_\_\_\_\_

BOARD OF SCHOOL TRUSTEES

Approved \_\_\_\_\_, 20\_\_\_\_\_