

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_____