# Accounts Payable Voucher



VOUCHER NO. WARRANT NO. DATE ALLOWED _____ IN THE SUM OF $
Mo. Day Yr.

## TOWN OF SELLERSBURG

An invoice or bill to be property 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.

Payee

Terms

Date Due

| INVOICE DATE | INVOICE NUMBER | APPROP NUMBER | PROJECT | PO NUMBER | DESCRIPTION (or note attached invoice(s) or bill(s)) | AMOUNT |
|---|---|---|---|---|---|---|

TOTAL

TOWN OF SELLERSBURG

Favor Of

| | | | |
|---|---|---|---|
| Total Amount of Voucher | | $ | |
| Deductions | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Amount of Warrant | | $ | . |

Month of _____, _____

| VOUCHER RECORD | ACCT # | | |
|---|---|---|---|
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| | | | |
| 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

Mo. Day Yr. Signature Officer/Title

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 5-11-10-1.

C/T

Mo. Day Yr. Signature Officer/Title

Board/Council Members