

ACCOUNTS PAYABLE VOUCHER

NORTH ADAMS COMMUNITY SCHOOLS - 625 STADIUM DRIVE - DECATUR, INDIANA 46733

An invoice or bill to be properly 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



Purchase Order No. _____

Terms: Reimbursement

Date Due _____

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

mm / dd / yyyy

Signature

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 5-11-10-1.6.

mm / dd / yyyy

Treasurer

mm / dd / yyyy

Administrator