

ACCOUNTS PAYABLE VOUCHER

_____ 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, number of hours, rate per hour, number of units, price per unit, etc.

| | |
|---|--|
| <p style="text-align: center;">Payee</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Purchase Order No. _____</p> <p>Terms _____</p> <p>Date Due _____</p> |
|---|--|

| Invoice Date | Invoice Number | Description (or note attached invoice(s) or bill(s)) | Amount |
|--------------|----------------|---|--------|
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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 _____

Date _____ 20 _____

_____ 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 5-11-10-2.

Date _____ 20 _____

_____ County Auditor

