VOUCHER# _____ WARRANT# _____

$0.00

ON ACCOUNT OF APPROPRIATION FOR

COST DISTRIBUTION LEDGER CLASSIFICATION
IF CLAIM PAID MOTOR VECHICLE HIGHWAY FUND

ACCT NO	ACCOUNT TITLE	AMOUNT

ALLOWED _____

IN THE SUM OF $ _____

Commissioners Hancock County

Prescribed by State Board of Accounts County Form No 17 (Rev. 1996)

ACCOUNTS PAYABLE VOUCHER

HANCOCK 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.

Payee	Purchase Order No
	Terms
	Date Due

Invoice Date	Invoice Number	Description	Amount
		(or note attached invoices (s) or bills (s))	

I hereby certify that the attached invoices(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

_____ 20

Signature and Title

I hereby certify that the attached invoices(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-2.

_____ 20

je **County Auditor**