

# ACCOUNTS PAYABLE VOUCHER

**ELKHART** 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 (or note attached invoice(s) or bill(s))	Amount

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 \_\_\_\_\_

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ALLOWED \_\_\_\_\_ 20 \_\_\_\_\_

IN THE SUM OF \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Board of County Commissioners**

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VOUCHER NO. \_\_\_\_\_

WARRANT NO. \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

P.O. NO. / PROJECT \_\_\_\_\_

VENDOR NO. \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

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Make Check Payable

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FUND #	DEPT. #	ACC