

ACCOUNTS PAYABLE VOUCHER

BLACKFORD COUNTY SCHOOLS • 668 W 200 S • HARTFORD CITY, INDIANA 47348

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 _____
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Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
		Reimbursement for Mileage (\$0.54 per mile - 7/1/2016)	\$0.00
		<i>Total mileage:</i>	
		<i>Auto License Number:</i>	
		<i>Account Number:</i>	
		Approved by:	
		Total	\$0.00

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 _____

July 29, 2016

Mo. Day Yr.

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.

Mo. Day Yr.

Supervisor



