



ACCOUNTING
 1200 South Clinton Street · Fort Wayne, IN 46802
Accounts Payable Voucher

-	-
UNIT	YR
NUMBER	

UNIT NAME

An invoice or bill to be properly itemized must show: the goods or kinds of service, where performed, dates services rendered, by whom, rates per day, number of hours, rate per hour, number of units and price per unit.

Vendor No. _____	Purchase order No. _____
Payee Name _____	Terms _____
Payee Address _____	Due Date _____

Invoice Date	Invoice No.	Description [or note attached invoice(s) or bill(s)]	Amount

Personal reimbursement signature _____ **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 _____ Signature _____ Title _____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that I have audited same in accordance with IC 5-11-10-1.6.

Date _____ Corp. Treasurer _____

Funding Distribution

	GL ORG Key	Object	Amount
Funding A			
Funding B			
Funding C			
Funding D			
Funding E			
Funding F			
Total			