ACCOUNTING
1200 South Clinton Street · Fort Wayne, IN 46802

Accounts Payable Voucher

Enter your school name here

- -
UNIT YR NUMBER

UNIT NAME

Enter parent or guardian name and address here

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

Include the reason for the refund, your student's full name and your student's school ID number

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 _____

Do not sign on this line

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 _____

Parent or guardian signature goes here

Funding Distribution

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

This area will be completed by Nutrition Services