

MSD of Pike Township
6901 Zionsville Road
Indianapolis, Indiana 46268

(Left Side For Business Department Use Only)

Voucher No. _____ Warrant No. _____

Charge These Appropriation

Acct. Line	Invoice Number	Date	Amount

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

Treasurer

Date

Accounts Payable Voucher

V	name
E	
N	address
D	
O	city/state/zip
R	

Vendor # _____

Account Number

	Fund	Account	Object	Cost Ctr.	Amount
1					
2					
3					
4					

Invoice

Number

Description

Amount

Grand 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 _____

Approval Signature

Title

Date