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

VENDOR	
	name
	address
	city/state/zip

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

Approved by State Board of Accounts for Pike Township Schools - 2005*