



# ACCOUNTS PAYABLE VOUCHER

School City of Mishawaka  
1402 S. Main Street, Mishawaka, Indiana 46544-5297

In order for any invoice(s) or bill(s) to be properly itemized they must show the following:

Type of service(s), location of service(s), date(s) of service, by whom, daily rate(s), number of hours, hourly rate(s), number of units, price per item, etc...

Payee Information (Name, Home Address, & Home School)	For Office Use Only
	Purchase Order #: _____
	Terms: _____
	Date Due: _____
	Account: _____

Invoice / Receipt Date	Invoice / Receipt Number	Description [Including event name, vendor, items purchased, etc... ]	Amount
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:

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_____	_____	_____
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 5-11-1-1.6.

_____	_____	_____
Date	Signature of Building Administrator	Title

_____	_____	_____
Date	Signature of Administration Center Department Director	Title

_____	_____	_____
Date	Signature of Treasurer	Title