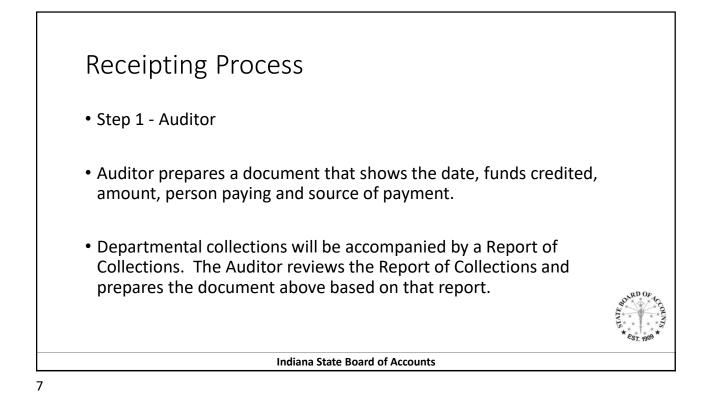
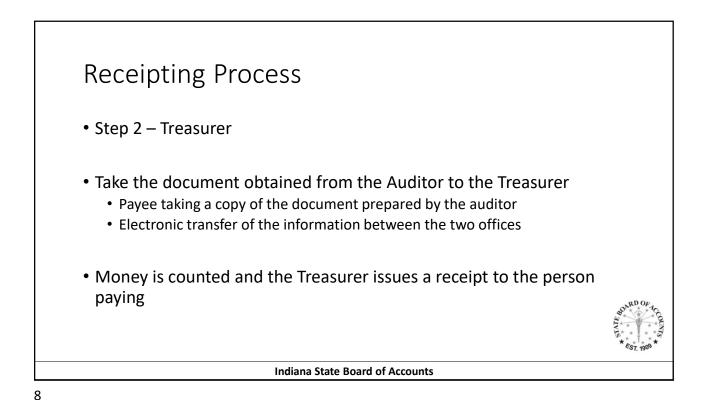
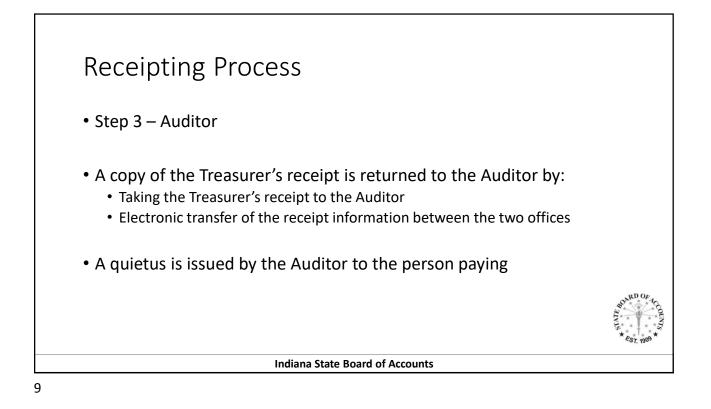
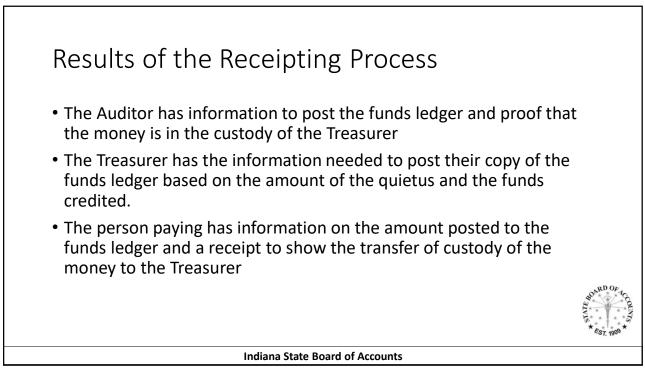


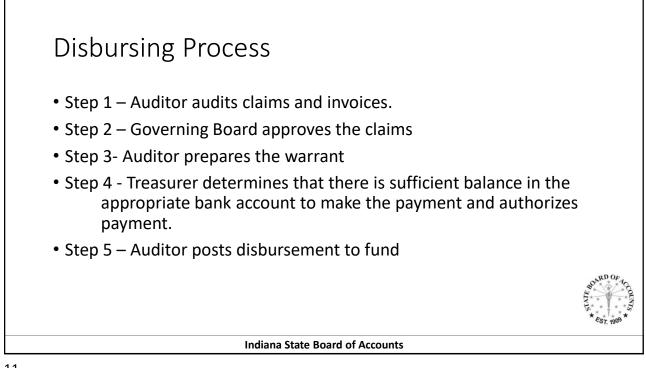
Indiana State Board of Accounts

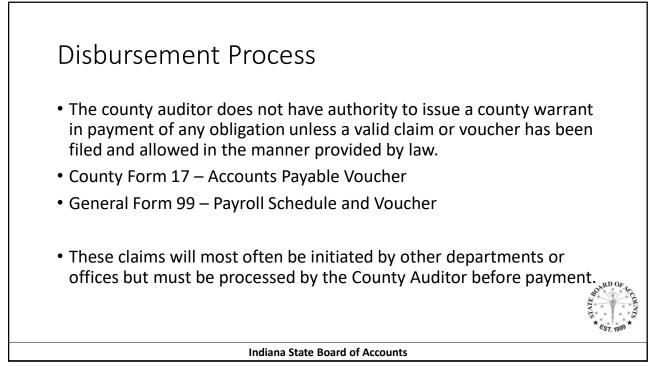












Rrescribed by State Board	of Accounts		Town Form No. 39 (Rev.	. 1995)				
	Į.	ACOUNTS PAY/	ABLE VOUCHER					
	TOWN OF							
	Payee		Purchase Order No <u>.</u> Terms Date Du <u>e</u>					
Invoice Date	Invoice Number		cription d invoice(s) or bill(s))	Amount				
I hereb itemized thereor	by certify that the attach	SAM red invoice(s), or bill(s) ade were ordered and	, is (are) true and correct and the received except	that the materials or services				
I hereby of with IC 5-11-10-	certify that the attached		Signature	Title ave audited same in accordance		NONRD OF CCOUNTS		
		Indiana State	Board of Accounts					

VOUCHER NO. WARRANT NO.	ALLOWED IN THE SUM OF \$
S ON ACCOUNT OF APPROPRIATION FOR	Council Members
COST DISTRIBUTION LEDGER CLASSIFICATION IF CLAIM PAID MOTOR VEHICLE HIGHWAY FUND	20.06
Indiana State Board of	f Accounts

## Audit of Claims

- 1. Determine the claim or voucher is properly itemized and verified and properly supported by invoices or supporting documents.
- 2. Payroll claims must be paid in compliance with the salary and wages fixed by the County Council (or other board as applicable)
- 3. Determine the prices charged are in accordance with any contracts, if applicable and statutory authority exists for payment of the claim or contract.

Indiana State Board of Accounts

