

Name of Parish _____ Location: _____

ACCOUNTS PAYABLE VOUCHER

Vendor _____

Description	Account Codes	\$ Total
		\$
		\$
		\$

Total \$ _____

AUTHORIZED BY: _____ Date _____
Final Authorization

COMMENTS OR SPECIAL INSTRUCTIONS: _____

OFFICE ONLY

Date Sent: _____ CHECK #: _____ Pmt. Amt. \$ _____

Name of Parish _____ Location: _____

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