TOWN OF HARVARD

SCHEDULE OF DEPARTMENTAL BILLS PAYABLE

TO THE TOWN ACCOUNTANT:

THE FOLLOWING BILLS OF THE _____ *DEPARTMENT*

AMOUNTING TO THE SUM OF ***$0.00*** *, HAVE BEEN APPROVED AND YOU ARE REQUESTED TO PLACE THEM ON A WARRANT FOR PAYMENT.*

DATE: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

PO NUM	FULL LIQ	VENDOR NUMBER	VENDOR NAME		INVOICE NUMBER	AMOUNT	G/L ACCOUNT NUMBER	COMMENT

PO NUM	FULL LIQ	VENDOR NUMBER	VENDOR NAME		INVOICE NUMBER	AMOUNT	G/L ACCOUNT NUMBER	COMMENT