TOWN OF DIGHTON

DEPARTMENTAL SCHEDULE OF BILLS PAYABLE

DEPARTMENT NAME: _____

Invoice Date	Invoice #	Vendor Name	Account #	Amount Paid	*Adjustments
ALL BILLS SUBMITTED MUST HAVE ACCOUNT NUMBER & SIGNATURES ON THEM.					
			Total:	**$ -**	

The attached bills are being submitted for payment with my/our approval.
I/We hereby certify under penalty of perjury that the above amounts as listed are for town use, are true and correct, and that all goods and services have been received.
To the best of my/our knowledge the purchases on this schedule **do not violate Chapter 268A (ethics Issues),** are in accordance with **Chapter 30B (procurement procedures)** and with the appropriations, terms, and conditions of the accounts being charged.

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Signature of Department Head/Board**

*The accounting department may make downward adjustments due to verifying amounts/balances due.

_____
Date

**Requires a majority of board members signatures unless other authorization arrangements have been filed with the Town Accountant's office.
See "Payment Designation Authorization Form"

(Rev. May 2012)