



TOWN OF DIGHTON

Updated Sept 2022

DEPARTMENTAL SCHEDULE OF BILLS PAYABLE

DEPARTMENT NAME:

Invoice Date	Vendor #	Invoice #	Vendor Name	Account #	Amount Paid	Notes
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Invoice #

Vendor Name

Account #

Amount Paid

Notes

Remittance Address

Account Description

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. Signed under the pains and penalties of perjury in accordance with MGL CH 41. S41.

Signed under the pains and penalties of perjury in accordance with MCGC 874.41, §41.

Signature of Department Head/Board**

Printed Name of Approver(s)

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

Date _____

Date
with th

**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"