

ALLOWANCE OF VOUCHERS

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED VOUCHERS AND THE INVOICES, OR BILLS ATTACHED THERETO,
ARE TRUE AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1.6.

May 8, 2009


JUDITH C. RHODES
FISCAL OFFICER

WE HAVE EXAMINED THE VOUCHERS LISTED ON THE FOREGOING ACCOUNTS PAYABLE VOUCHER REGISTER, CONSISTING OF
PAGES, AND EXCEPT FOR VOUCHERS NOT ALLOWED AS SHOWN ON THE REGISTER SUCH VOUCHERS ARE HEREBY ALLOWED
IN THE TOTAL AMOUNT OF \$ 1,963.98 . DATED THIS 8th DAY OF May 2009.

APPROVED BY STATE BOARD OF ACCOUNTS IN 2001 FOR CITY OF WEST LAFAYETTE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 5/08/09 - 5/08/09

CHECK VOUCHER		VENDOR NAME		DUE DATE		VOUCHER		AMOUNT	
PO NUMBR	INVOICE NUMBER	DESCRIPTION	FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	AMOUNT	ALLOWED
2218	2218	JASON BURKS, FLEX ACCOUNT					5/08/09		
		FLEX PLAN							
		FLEX PLAN MEDICAL-DEPEND	819	819.00	.00	0	FLEXIBLE PLAN DEPENDENT CARE	1,664.00	1,664.00
							CHECK AMOUNT	1,664.00	
2219	2219	NANCEE HETRICK, FLEX ACCOUNT					5/08/09		
		FLEX PLAN							
		FLEX PLAN MEDICAL	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	299.98	299.98
							CHECK AMOUNT	299.98	
							PRE-WRITTEN TOTAL	1,963.98	
							GRAND TOTAL.....	1,963.98	

CITY OF WEST LAFAYETTE

FUND DESCRIPTION	VOUCHER TOTAL
811 FLEXIBLE PLAN MEDICAL	299.98
819 FLEXIBLE PLAN DEPENDENT CARE	1,664.00
GRAND TOTAL.....	1,963.98