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.

September 11, , 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 $ 903.16 . DATED THIS 11th DAY OF September 2009.

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

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 9/11/09 - 9/11/09

CHECK PO #	VOUCHER INVOICE NUMBER	VENDOR NAME DESCRIPTION	DUE DATE FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	VOUCHER AMOUNT	AMOUNT ALLOWED
2225	2225 DANIEL MARVIN, FLEX ACCOUNT		9/11/09						
	FLEX PLAN	FLEX PLAN MEDICAL	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	903.16	903.16
							CHECK AMOUNT	903.16	
							PRE-WRITTEN TOTAL	903.16	
							GRAND TOTAL.....	903.16	

CITY OF WEST LAFAYETTE

FUND	DESCRIPTION	VOUCHER TOTAL
811	FLEXIBLE PLAN MEDICAL	903.16
	GRAND TOTAL	903.16