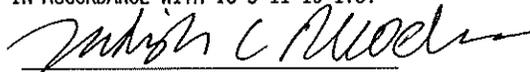


ALLOWANCE OF VOUCHERS

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.

NOVEMBER 9, 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 \$2,710.18 . DATED THIS 9th DAY OF NOVEMBER, 2009.

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

_____	_____
_____	_____
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11/06/09
3:29:49

ACCOUNTS PAYABLE VOUCHER REGISTER

BDA45/KATHY
PAGE 1

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 11/06/09 - 11/06/09

CHECK	VOUCHER	VENDOR NAME	DUE DATE						AMOUNT
PO #	INVOICE NUMBER	DESCRIPTION	FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	VOUCHER AMOUNT	ALLOWED
2227	2227	JASON BURKS, FLEX ACCOUNT	11/06/09						
	FLEX PLAN	FLEX PLAN - DEPENDENT	819	819.00	.00	0	FLEXIBLE PLAN DEPENDENT CARE	2,240.00	2,240.00
							CHECK AMOUNT	2,240.00	
2228	2228	NANCY WALKER, FLEX ACCOUNT	11/06/09						
	FLEX PLAN	FLEX PLAN MEDICAL	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	470.18	470.18
							CHECK AMOUNT	470.18	
							PRE-WRITTEN TOTAL	2,710.18	
							GRAND TOTAL	2,710.18	

CITY OF WEST LAFAYETTE

FUND	DESCRIPTION	VOUCHER TOTAL
811	FLEXIBLE PLAN MEDICAL	470.18
819	FLEXIBLE PLAN DEPENDENT CARE	2,240.00
	GRAND TOTAL	2,710.18