

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.

December 4, 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 \$ 539.00 . DATED THIS 4th DAY OF December, 2009.

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

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CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 12/04/09 - 12/04/09

CHECK	VOUCHER	VENDOR NAME		DUE DATE						AMOUNT
PO #	INVOICE NUMBER	DESCRIPTION	FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	VOUCHER	AMOUNT	ALLOWED
2229	2229	JASON BURKS, FLEX ACCOUNT		12/04/09						
	FLEX PLAN	FLEX PLAN - DEPENDENT	819	819.00	.00	0	FLEXIBLE PLAN DEPENDENT CARE		416.00	416.00
							CHECK AMOUNT		416.00	
2230	2230	NANCEE HETRICK, FLEX ACCOUNT		12/04/09						
	FLEX PLAN	FLEX PLAN - MEDICAL	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL		123.00	123.00
							CHECK AMOUNT		123.00	
							PRE-WRITTEN TOTAL		539.00	
							GRAND TOTAL.....		539.00	

CITY OF WEST LAFAYETTE

FUND	DESCRIPTION	VOUCHER TOTAL
811	FLEXIBLE PLAN MEDICAL	123.00
819	FLEXIBLE PLAN DEPENDENT CARE	416.00
	GRAND TOTAL	539.00