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.

January 15, 2010

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 $ 265.45 . DATED THIS 15th DAY OF January 2010.

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

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 1/15/10 - 1/15/10

CHECK PO #	VOUCHER INVOICE NUMBER	VENDOR NAME DESCRIPTION	DUE DATE	FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	VOUCHER AMOUNT	AMOUNT ALLOWED
2233	2233 JASON BURKS,	FLEX ACCOUNT	1/15/10							
	FLEX PLAN	FLEX PLAN DEPENDENT		819	819.00	.00	0	FLEXIBLE PLAN DEPENDENT CARE	208.00	208.00
								CHECK AMOUNT	208.00	
2234	2234 DANIEL MARVIN,	FLEX ACCOUNT	1/15/10							
	FLEX PLAN	FLEX PLAN MEDICAL		811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	57.45	57.45
								CHECK AMOUNT	57.45	
								PRE-WRITTEN TOTAL	265.45	
								GRAND TOTAL.....	265.45	

CITY OF WEST LAFAYETTE

FUND	DESCRIPTION	VOUCHER TOTAL
811	FLEXIBLE PLAN MEDICAL	57.45
819	FLEXIBLE PLAN DEPENDENT CARE	208.00
	GRAND TOTAL	265.45