

TOWN OF FREETOWN

DEPARTMENTAL SCHEDULE OF BILLS PAYABLE

DEPARTMENT NAME:

Invoice Date	Invoice #	Vendor Name	Account #/Reference #	Amount Paid	Adjustments
ALL BILLS SUBMITTED MUST HAVE ACCOUNT NUMBER & SIGNATURES ON THEM.					
			Total:		
The attached bills are being submitted for payment with my/our approval. I/We hereby certify under penalty of perjury that the above amounts as listed are for town use, are true and correct and that all goods and services have been received. To the best of my/our knowledge the purchases of materials on this sheet do not violate Chapter 268A (ethics issues), and are in accordance with Chapter 30B (procurement procedures) and with the appropriations, terms and conditions of the accounts being charged.					
*The accounting department may make downward adjustments due to verifying amounts/balances due. Signature of Department Head/Board** Date					

^{**}Requires the department head or a majority of board/committee members signatures unless other authorization arrangements have been filed with the Town Accountant's office.