



**TOWN OF RAYNHAM**

**DEPARTMENTAL SCHEDULE OF BILLS PAYABLE**

**DEPARTMENT NAME:**

Invoice Date	Invoice #	Vendor Name	Account Number	Amount Paid	Adjustments
<b>ALL BILLS SUBMITTED MUST HAVE ACCOUNT NUMBER &amp; SIGNATURES ON THEM.</b>					
			<b>Total:</b>		

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 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 are for town use and are in accordance with  
Chapter 30B 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.

\*\*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.

Signature of Department Head/Board\*\*

\_\_\_\_\_

Date