

Allowance Docket

For payfile ending 09/24/2020 12:00:00 AM

Date: 09/25/2020 12:46:06 PM

All Records

EMPDOCK.FRX

Ordered by Employee Name

Grouped By Location

Suppress Zero Records

Pay Period	Employee Ending Number	Employee Name	Distribution Name	All Paytypes Except Overtime	Overtime Only
Location : 43-FIRE PEN					
09/24/2020	80061	GARBROUGH, LEA ANN	FIRE PEN--DEATH BENEFITS	\$12000.00	\$0.00
Location Subtotal : 43-FIRE PEN				\$12000.00	\$0.00
Total				\$12000.00	\$0.00

I hereby certify that each of the above listed vouchers and the invoices or bills attached there to,
are true and correct and I have audited same in accordance with IC5-11-10-1-6.

_____ Date

_____ Fiscal Officer

Allowance Of Accounts Payable Vouchers

TOWN OF CLARKSVILLE

We have examined the Accounts Payable Vouchers listed on the foregoing Register of Accounts Payable Vouchers consisting of _____ pages and except for accounts payables not allowed as shown on the Register such accounts payables are hereby allowed in the total amount of \$_____

Dated this _____ day of _____

Signatures of Governing Board