



ACCOUNTS PAYABLE VOUCHER

State Form 53786 (11-08) / DCS 1105

Approved by State Board of Accounts, 2008

Prescribed by Indiana Department of Child Services

VENDOR INFORMATION		ACCOUNTS PAYABLE INFORMATION		
Name of Vendor		Date (month, day, year)		
Address (Number, Street, P.O. Box Number)		Invoice Number		
City, State, and ZIP Code (00000-0000)		Invoice Amount		
Social Security Number		Business Unit		
Federal Identification Number		Fund/Center		
Peoplesoft Vendor Identification Number		Object/Account		
		Budget Reference		
AGENCY INFORMATION				
Name Indiana Department of Child Services		Business Unit 502	Department	
Division or County Name		Class/Program		
Address (Number, Street, P.O. Box Number)		Locality		
City, State, and ZIP Code (00000-0000)		Product		
Name of Requestor		Project		
Phone Number	Fax Number	Activity		
Description of Materials or Services:				
Special Instructions:				
APPROVAL (follow signature route in the same sequence as listed)				
1. Approver 1 Signature		Date Signed (month, day, year)	2. Approver 2 Signature	Date Signed (month, day, year)
3. Budget Signature		Date Signed (month, day, year)	4. Other 1 Signature	Date Signed (month, day, year)