

ACCOUNT NO. 01-122-5300-00000	Office use only TOTAL:
ACCOUNT NAME: Board and Committee Expense	DATE:
DEPT. HEAD:	SIGNATURE:

## BILL SCHEDULE

To the Town Accountant:

The following bills have been approved for payment from the account indicated above, and you are requested to place them on a warrant for payment.

				Office use only	
VENDOR NAME	INVOICE NO.	INV. DATE	AMOUNT	CLASS #	99?
TOTAL:			\$0.00		