

# Town of Milford

## Schedule of Departmental Bills Payable

\_\_\_\_\_ **Warrant Number**

**To the Town Accountant:**

The following bills amounting to \$ \_\_\_\_\_ - \_\_\_\_\_ have been properly approved and you are requested to place them on a warrant for payment.

Certification is given under the pains and penalties of perjury that the equipment, supplies, materials and/or services for which payment is being requested as listed below have been legally provided and are proper expenses of this department.

\_\_\_\_\_ **Department Name**

\_\_\_\_\_ **FUND      DEPT #**

**Date** \_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P.O. Number	Vendor Name	Account Number	Amount	
<b>Total</b>			-	