Approved by the State Board of Accounts for the CITY OF BEECH GROVE-2004 Form 301-S (Rev. 1997)

WASTEWATER Accounts Payable Voucher

VOUCHER NO. 32279 WARRANT NO. 36384 DATE ALLOWED 07/21/14 (Mo. Day Yr.) IN THE SUM OF $ 11348.29

CITY OF BEECH GROVE

V #	W #
3	3
2	6
2	3
7	8
9	4

An invoice or bill to be property itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee

1609
THE BANK OF NEW YORK MELLON TRUST CO, N.A.
ATTN: DERICK RUSH
300 NORTH MERIDIAN STREET SUITE 910
INDIANAPOLIS IN 46204

Terms

Date Due 07/21/14

INVOICE DATE	INVOICE NUMBER	APPROP NUMBER	PROJECT	PO NUMBER	DESCRIPTION (or note attached invoice(s) or bill(s))	AMOUNT
07/28/14	JULY 2014	610900381.000			SEWAGE/2004 SRF BOND PRINCIPAL	7320.00
07/28/14	JULY 2014	610900382.000			SEWAGE/2004 SRF BOND INTEREST PAYMENT	4028.29

TOTAL 11348.29

ACCOUNTS PAYABLE
MUNICIPAL WASTEWATER UTILITY
CITY OF BEECH GROVE

Favor Of
THE BANK OF NEW YORK MELLON TRUST CO,

Total Amount of Voucher	$	11348.29
Deductions		
Total Amount of Warrant	$	11348.29

Month of _____, _____

VOUCHER RECORD	ACCT #		
Collection System			
Pumping			
Treatment & Disposal			
Customer Accounts			
Administrative & General			
Reclaimed Water Treatment			
Reclaimed Water Distribution			
Total			

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except

_____ (Mo. Day Yr.) _____ (Signature) _____ (Officer/Title)

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

_____ (Mo. Day Yr.) _____ (Signature) _____ (Officer/Title)

_____ _____ _____

_____ _____ _____

_____ _____ _____

Board/Council Members