Town of *Ashby*

SCHEDULE OF DEPARTMENTAL BILLS PAYABLE

To the Town Accountant or Accounting Officer:

The following-named bills of the_____ Department, amounting in the aggregate to _____Dollars, have been approved by the _____, and you are requested to place them on a warrant for payment.

Date _____ _____

_____

(Title)

NAME	ADDRESS	AMOUNT	TOTAL
			$ -
	Account #		$ -