Voucher #:	
Period Beginning:	
Ending:	

Balance Forward:	
Less this Page:	
Ending Balance:	

TOWN OF WASHINGTON SCHEDULE OF BILLS PAYABLE - FISCAL YEAR _____

Department Name:			
Account Name:			
Account Number:			
			T
Vendor	Invoice No.	Amount	Description
	Takal		
	Total		1
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oved by Select Board:			
			Date
			Department Head
			Accounting Officer
			Accounting Officer