

**REHAB Programs, Inc.**

70 Overocker Road

Poughkeepsie, NY 12603

**ACCOUNTS PAYABLE VOUCHER**

OBLIGATION #:	DEBIT CREDIT	VENDOR #:
VENDOR NAME:		SORT KEY :
Description of Purchase/Service, etc:		

TOTAL	INVOICE DATE	DUE DATE	S C	PAY GROUP	INVOICE NUMBER	PO NUMBER
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PAYMENT AUTHORIZATION	EXPENSE ACCOUNT	AMOUNT
PROGRAM DIRECTOR:	A	
	A	
	A	
EXECUTIVE DIRECTOR OR ASSISTANT EXECUTIVE DIRECTOR:	A	
	A	
	A	
FISCAL OFFICER:	A	
	A	
	A	
CHECK NUMBER:                      DATE PAID:	A	
	A	
	A	
RECORD PAYMENT INITIAL:	A	
	A	
	A	
CHANGE INFORMATION:	A	
	A	
	A	
	A	
	A	
	A	
	A	
	A	
	A	
	A	
DATE RECEIVED:	A	
	A	
	A	
	A	
PREPARED BY:                                      DATE:	A	
	A	
	A	
PAYMENT RECEIVED BY                                      DATE	A	
	A	
<b>TOTAL</b>		