

MONTANA MENTAL HEALTH NURSING CARE CENTER

ACCOUNTS PAYABLE VOUCHER

Payable to: _____

PO # _____

Charge to Resident Name: _____

Resident #: _____

To be used for: _____

Amount: \$_____

Resident Signature: _____

Requested (Witnessed) by: _____

Date: _____

Approved by: _____

Date: _____

Type:	Resident #	Document #	Amount	Entered By:
A10				