

# MONTANA MENTAL HEALTH NURSING CARE CENTER

## ACCOUNTS PAYABLE VOUCHER

Payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PO# \_\_\_\_\_

Charge to Resident Name: \_\_\_\_\_

Resident No. \_\_\_\_\_

To be used for: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Requested (Witnessed) by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

Type:	Resident #	Document #	Amount	Entered By:
Withdrawal				