

**TOWN OF TOLLAND**  
Schedule of Department Bills Payable

To the Accounting Officer:  
The following bills of the \_\_\_\_\_ Department have been approved for payment and you are requested to place them on a warrant for processing.

Date: \_\_\_\_\_ Person completing this Form: \_\_\_\_\_

Date of Invoice	Vendor Name	Invoice Number	Account Number	Invoice Amount

Total of Departmental Bills : \_\_\_\_\_