

Council On Aging				
	VENDOR	Amount	Account Number	Description
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<u>To the Accounting Officer:</u>				
The above bill(s) amounting to \$_____ have been approved and you are requested to place them on the warrant for payment. All goods and services listed on the following bills were ordered and received by this Department in accordance with its appropriation to operate as a Town Department.				
<b>Date:</b>	<b>Signature:</b>	<b>Title: Council on Aging Coordinator</b>		