Schedule of Bills Payable

No. _____   **Dept. Name**   **Date:**

Dept. No.

Sub Account#	Account Title	Amount	Invoice #
_____	=======================	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
		_____ $0.00	
_____	=======================	_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
		_____ $0.00	
_____	=======================	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Subtotal	_____ **$0.00**	
_____	=======================	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Subtotal	_____ $0.00	
	Gross Total	_____ **$0.00**	