

VOUCHER
HIGHWAY DEPARTMENT

TOWN OF GREENFIELD
GREENFIELD CENTER, NY 12833
518-893-7604

CLAIMANT'S
NAME
AND
ADDRESS

(CLAIMANT — DO NOT WRITE IN THIS AREA)		VOUCHER NUMBER _____
DATE VOUCHER RECEIVED _____		
FUND — APPROPRIATION	AMOUNT	
	TOTAL	
ENTERED ON ABSTRACT NO. _____		

DETAILED INVOICES MAY BE ATTACHED, AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED

TERMS _____ PURCHASE ORDER NO. _____

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
(SEE INSTRUCTIONS ON REVERSE SIDE)					
TOTAL					

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of \$ _____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

DATE	SIGNATURE	TITLE
(SPACE BELOW FOR MUNICIPAL USE)		

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

DATE

AUDITING BOARD