VOUCHER

TOWN OF INLET
Inlet, N.Y. 13360

DEPARTMENT _____

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
				TOTAL	

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of $_____ is true and correct , that the terms, 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 _____