

**VILLAGE OF BLOOMINGBURG**

PO Box 341, 13 North Rd.  
 Bloomingburg, NY 12721  
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**VOUCHER**

Purchase

Order No. \_\_\_\_\_

DO NOT WRITE IN THIS BOX

**DEPARTMENT** \_\_\_\_\_
**CLAIMANT'S  
NAME  
AND  
ADDRESS**
**TERMS** \_\_\_\_\_

Date Voucher Received

FUND - APPROPRIATION	AMOUNT
<b>TOTAL</b>	

Vendor's

Ref. No. \_\_\_\_\_

Dates	Description of Materials or Services	Unit Price	Amount
(See Instructions on Reverse Side)			<b>TOTAL</b> \$0.00

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 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 is actually due.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

(Space Below for Municipal Use)

**DEPARTMENTAL APPROVAL**

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

**APPROVAL FOR PAYMENT**

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

DATE \_\_\_\_\_

AUTHORIZED OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

AUDITING BOARD \_\_\_\_\_