

VOUCHER

Order No.

DO NOT WRITE IN THIS BOX

Date Voucher Received

DEPARTMENT

**CLAIMANT'S
NAME
AND
ADDRESS**

TERMS

FUND - APPROPRIATION	AMOUNT	
TOTAL		

Ref. No.

Dates	Description of Materials or Services	Unit Price	Amount
<div data-bbox="518 1432 855 1451">(See Instructions on Reverse Side)</div>		<div data-bbox="1185 1432 1255 1451">TOTAL</div>	<div data-bbox="1339 1432 1396 1451">\$0.00</div>

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.

DATE _____

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

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

DATE _____

AUDITING BOARD