

Town of Bethel
 3454 Route 55 East
 P.O. Box 300 • White Lake, NY 12786
 Phone: 845-583-4350 x102 Fax: 845-583-0225
 E-Mail: bookkeeper@townofbethelny.gov
VOUCHER

Department _____

CLAIMANT'S
 NAME
 AND
 ADDRESS

TERMS _____ Paid _____ Check # _____

ACCT #

<i>DO NOT WRITE IN THIS BOX</i>			
Date Voucher Received			VOUCHER NO.
FUND-APPROPRIATION		AMOUNT	
TOTAL			
Abstract No.			

Dates	Quantity	Description of Materials or Services	Unit Price		Amount
PLEASE SIGN AND RETURN FOR PAYMENT			TOTAL		

(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**