

Town of Bethel  
 3454 Route 55 East  
 P.O. Box 300 • White Lake, NY 12786  
 Phone: 845-583-4350 Fax: 845-583-4710  
 www.town.bethel.ny.us  
**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	
<b>TOTAL</b>			
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