VOUCHER

TOWN OF MANCHESTER

1272 COUNTY ROAD 7
CLIFTON SPRINGS NY 14432

DEPARTMENT _____

CLAIMANT'S NAME AND ADDRESS

(CLAIMANT - DO NOT WRITE IN THIS AREA) VOUCHER # _____

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. _____

Account	Description	Invoice #	Amount
		TOTAL	

CLAIMANT'S CERTIFICATION

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 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.

Authorized Official _____ Date _____

APPROVAL FOR PAYMENT

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

_____ _____

_____ _____

Auditing Board _____ Auditing Board _____