

Town of Clayton Fire District
 Post Office Box 237
 Clayton, NY 13624-0237

P.O. Number

DO NOT WRITE IN THIS BOX

VOUCHER

Claimants
 Name
 And
 Address

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Date Voucher Rec'd:		
FUND-APPOPRIATION	AMOUNT	
TOTAL		
Abstract Number		

TERMS:

Vendor's Ref. No.

DATES	CALL LOCATION	PURPOSE	TOTAL MILEAGE @ .555		AMOUNT

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)

<p>DEPARTMENT APPROVAL <i>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</i></p>	<p>APPROVAL OF PAYMENT This claim is approved and ordered paid from the appropriations indicated above.</p>
<p>Authorized Signature _____ Date _____</p>	