

Town of Clayton Fire District

Post Office Box 237
Clayton, NY 13624-0237

P.O. Number

VOUCHER

Claimants
Name
And
Address

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DO NOT WRITE IN THIS BOX			
Date Voucher Received:			
FUND – APPROPRIATION	AMOUNT		Vou. No.
TOTAL			
Abstract Number:			

TERMS:

Vendor's Ref. No.

Dates	Quantity	Description of Materials or Services	Unit Price	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)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

Authorized Signature Date

APPROVAL OF PAYMENT

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