VOUCHER

TOWN OF STONY POINT
Stony Point, NY 10980

TAX I.D. # 13-6007332 W

DEPARTMENT _____

CLAIMANT'S NAME AND ADDRESS

(CLAIMANT — DO NOT WRITE IN THIS AREA)

VOUCHER NUMBER _____

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. _____

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
			(SEE INSTRUCTIONS ON REVERSE SIDE)	**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.

DATE _____ AUTHORIZED OFFICIAL _____

APPROVAL FOR PAYMENT

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

_____ _____

_____ _____

DATE _____ AUDITING BOARD _____