Theresa Town Office
215 Riverside Ave.
Theresa, NY 13691

Voucher/Purchase #_____

DATE RECEIVED

Fund Appropriation	Amount
Total	

ABSTRACT #

DEPARTMENT **GENERAL**

Claimant's Name and Address

Detailed invoices may be attached and total entered on this voucher. Certification below must be signed.

Terms:_____ Purchase Order #_____

Date	Quantity	Description of Materials or Services	Unit Price	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 service 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 appropriation indicated above.

DATE _____ AUDITING BOARD _____