VOUCHER

TOWN OF CAROGA
1840 ST HWY 10
PO BOX 328
CAROGA LAKE, NY 12032

CLAIMANT - DO NOT WRITE IN THIS AREA

VOUCHER NUMBER _____

DATE VOUCHER RECEIVED _____

Fund - Appropriation	Amount
Total	
Entered on Abstract No	

DEPARTMENT _____

CLAIMANT'S NAME AND ADDRESS _____

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

Terms _____

Purchase Order No _____

Date	Vendor's Invoice No	Quantity	Units	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 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 _____