VOUCHER

TOWN OF NEWFANE
2737 MAIN STREET
NEWFANE, NY 14108

PHONE: 716-778-8531
FAX: 716-638-4261

townofnewfaneny.gov

OFFICE USE ONLY:

Voucher: # _____

Date entered: _____

GL CODE:

PURCHASE ORDER # _____

Fund Appropriations	Amount

Total _____

CLAIMANT'S NAME
& ADDRESS

DATE	INVOICE NUMBER / DESCRIPTION	UNIT PRICE	AMOUNT
		TOTAL	

CLAIMANTS CERTIFICATION

I, _____, certify that the above account in the amount of $_____ is true and correct; that the items, services and disbursements charged were tendered 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** _____

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**