TOWN OF MINERVA

5 MORSE MEMORIAL HIGHWAY
PO BOX 937
MINERVA, NY 12851-0937
Telephone (518) 251-2869 Fax (518) 251-5136
Email: supervisor@townofminervany.gov
www.townofminerva.com

VOUCHER

Warrant Number: _____

Claim Number: _____

Check Number: _____

CLAIMANTS NAME AND ADDRESS	Entered Date:	
	Batch Number:	
	Amount	

DATE	INVOICE #	Description of Services & Materials	Debit Account *(Town of Minerva Use Only)*	Amount

CLAIMANT'S CERTIFICATION

I, _____, Certify that the above account in the amount of $ _____
(Claimants' Signature)

Date Signed _____ is true and correct; that the items, services and disbursements charged were rendered to or for the **TOWN OF MINERVA** on the dates stated; that no part has been paid or satisfied; that taxes, from the municipality are exempt, are not included; and that the amount claimed is actually due.

********** TOWN OF MINERVA USE ONLY **********

DEPARTMENT APPROVAL

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

APPROVAL FOR PAYMENT

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

Councilmember:

Councilmember:

DATE **AUTHORIZED OFFICIAL** **DATE** **AUDITING BOARD**