| AUS Riverside Drive Clayton, New York 13624 VOUCHER CLAIMANTS NAME AND ADDRESS Dates Quantity Description of Materials or Services Unit Price Amount S S S S S S S S S S S S S S S S S S | | | | PURCHASE ORDER NO DO NOT WRITE IN THIS BOX | | | |
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| is true and correct; that the items, services, and disbursements charged were rendered to or for the municipality on the date 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 (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. APPROVAL OF PAYMENT This claim is approved and ordered paid from the appropriations indicated above. | | | | that the above | c | | |
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