TOWN OF CLAYTON
405 Riverside Drive
Clayton, New York 13624

VOUCHER

CLAIMANT'S NAME AND ADDRESS

TERMS

PURCHASE ORDER NO

DO NOT WRITE IN THIS BOX

Date Voucher Received	
FUND-APPROPRIATION	**AMOUNT**
TOTAL	
Abstract No.	
Vendor's Ref No.	

VOUCHER NO

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			TOTAL	$ -

CLAIMANT'S CERTIFICATION

I, _____, certify that the above amount of $ - 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 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 OF PAYMENT

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