

VOUCHER
TOWN OF ORANGETOWN
TOWN HALL
ORANGEBURG, N. Y.

VENDOR # _____

DEPARTMENT _____

CLAIMANT'S
 NAME
 AND
 ADDRESS

(CLAIMANT - DO NOT
 WRITE IN THIS AREA)

VOUCHER
 NO. _____

DATE VOUCHER RECEIVED _____

| FUND - APPROPRIATION | AMOUNT |
|-------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL → | |
| ENTERED ON ABSTRACT NO. _____ | |

TERMS _____ PURCHASE
 ORDER NO. _____

Attached invoices may be attached, and Total entered on this Voucher. Certification below MUST BE SIGNED.

| DATE | VENDOR'S INVOICE NO. | QUANTITY | DESCRIPTION OF MATERIALS OR SERVICES | UNIT PRICE | AMOUNT |
|------|-------------------------|----------|--------------------------------------|------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL → | |

(See Instructions on Reverse Side)

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 _____