VOUCHER

TOWN OF DUANE

MALONE, NEW YORK 12953

CLAIMANT'S NAME AND ADDRESS

(Office Use Only)	
VOUCHER NO.	
PURCHASE ORDER NO.	
Date Voucher Received	
FUND APPROPRIATION	AMOUNT
TOTAL CHARGES	
(Office Use Only)	

DEPARTMENT _____

VENDOR TAX ID# _____

TOWN OF DUANE

PURCHASE ORDER NO. _____

Date	Quantity	*Description of Materials or Services*	*Unit Price*	*Amount*

TOTAL _____

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 date started and the charges are correct.

_____ _____

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

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

_____ _____

_____ _____

_____ _____

DATE AUDITED AUDITING BOARD