

VOUCHER

VILLAGE OF FAYETTEVILLE

425 East Genesee St.
Fayetteville, New York 13066
315-637-9864 • Fax: 315-637-0106

(CLAIMANT - DO NOT
WRITE IN THIS AREA)

VOUCHER
NUMBER _____

DATE VOUCHER RECEIVED _____

FUND - APPROPRIATION	AMOUNT
TOTAL	
ENTERED ON ABSTRACT NO. _____	

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

DETAILED INVOICES MAY BE ATTACHED, AND TOTAL ENTERED ON THIS VOUCHER.
CERTIFICATION BELOW MUST BE SIGNED.

TERMS _____ PURCHASE ORDER NO. _____

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
(SEE INSTRUCTIONS ON REVERSE SIDE)				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 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 _____