

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		AMOUNT	VOUCHER NO.
FUND - APPROPRIATION			
TOTAL			
Abstract No.			

Vendor's
 Ref. No.

Dates	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	APPROVAL OF PAYMENT
The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.	This claim is approved and ordered paid from the appropriations indicated above.
DATE _____ AUTHORIZED OFFICIAL _____	_____