VILLAGE OF WEST HAVERSTRAW, NY

VOUCHER

Claimant's Name and Address

DO NOT WRITE IN THIS BOX			VOUCHER NO.
FUND - APPROPRIATION	AMOUNT		
TOTAL			
Check No.			

Vendor's Ref. No.

Dates	Qty.	Description of Materials or Services	Unit Price	Amount
			Freight	
			Fuel	
			Tax	**EXEMPT**
			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)

The above services or materials were rendered or furnished to or for 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.

AUDITING BOARD