VOUCHER

Town of Owego Highway
70 Delphine Street
Owego, NY 13827

Department Highway Misc. - Mailbox Repair

CLAIMANT'S NAME AND ADDRESS

(CLAIMANT – DO NOT WRITE IN THIS AREA) VOUCHER NO. _____

DATE VOUCHER RECEIVED _____

FUND - APPROPRIATION	AMOUNT
DB.5140.4650	
TOTAL →	
ENTERED ON ABSTRACT NO.	

TERMS _____ PURCHASE ORDER NO. _____

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

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
			Mailbox Repair		
			(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 _____