

VOUCHER

TOWN OF NEWFANE
 2737 MAIN STREET
 NEWFANE NY 14108
 PHONE: 716-778-8531
 FAX: 716-778-7178

Voucher # _____

DEPARTMENT
CLAIMANT'S NAME & ADDRESS

Fund Appropriations	Amount

Total _____

PURCHASE ORDER # _____

Date	Invoice Number / Description	Unit Price	Total
		TOTAL	

CLAIMANTS CERTIFICATION

I, _____, certify that the above account in the amount of \$_____ is true and correct; that the items, services and disbursements charged were tendered 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

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

APPROVAL FOR PAYMENT

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

DATE AUTHORIZED OFFICIAL

DATE AUDITING BOARD