

VOUCHER
 Town of Rosendale
 424 Main Street / PO Box 423
 Rosendale, NY 12472
 845-658-3159
 845-658-8744 Fax

Department _____

Claimant's Name & Address _____
 EIN or SSN _____

(CLAIMANT – DO NOT WRITE IN THIS AREA)	
Voucher Number _____	
Date Voucher Received _____	
FUND - APPROPRIATION	AMOUNT
Total	→
Entered on Abstract Number _____	

Terms _____ Purchase Order # _____

Detailed Invoices may be attached and Total entered on this Voucher. Certification below **MUST BE SIGNED**.

Dates	Vendor's Invoice Number	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 for or satisfied; that the 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)

<p align="center"><u>DEPARTMENT APPROVAL</u></p> <p>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p> <p>_____ Date _____ Authorized Official _____</p>	<p align="center"><u>APPROVAL FOR PAYMENT</u></p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Date _____ Town Board _____</p>
---	---