

VOUCHER

Town of Rosendale

1915 Lucas Avenue
Cottkill, NY 12419
Phone: 845-658-3159 Fax: 845-658-8744

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>
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