



Office of the Secretary
Town of Clayton Fire District
Credit Card Authorization Form

TCFD-9001

E: claytonfiredistrict@gmail.com
 P: (315) 783-0308
 F: (888) 511-0497

Town of Clayton Fire District
 PO Box 237
 Clayton, NY 13624

Department Head:

Transaction Date:

Vendor Name:

Budget Line:

Vendor Address:

Sales Order/Invoice#:

Qty	Item#	Description	Unit Price	Extended Price
			Shipping:	
			Tax:	
			Total:	

I hereby authorize the purchase of the merchandise listed above. Furthermore, I certify this purchase has been made in accordance with Town of Clayton Fire District purchasing policies and NYS Municipal Law.

Department Head Signature **Print** **Date**

Authorized Purchaser Signature **Print** **Date**