

Town of Clayton Fire District

PO Box 237
Clayton, NY 13624
Email: claytonfiredistrict@gmail.com
Website: www.townofclaytonfiredistrict.com

VOUCHER

<i>(Claimant - Do Not Write in This Area) Fire District Use Only</i>		VOUCHER NUMBER:
FUND APPROPRIATION	AMOUNT	
A5141 Chief's Fuel	\$	100.00
TOTAL		\$100.00

CLAIMANT'S NAME: ADDRESS: CLAIM NUMBER:
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TERMS: _____

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

VENDOR NO. _____

DATE	VENDOR'S INV. #	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
	N/A		Mileage Reimbursement		\$100.00
				TOTAL:	\$100.00

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of \$ 100.00 is true and correct; that the items, services, and disbursements charged were rendered to or for the fire district 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

<i>(Claimant - Do Not Write in This Area) Fire District Use Only</i>	
<p>PRE AUDIT APPROVAL The above services or materials were rendered or furnished to the fire district on the dates stated and the charges are correct:</p> <p>DATE _____ AUTHORIZED OFFICIAL _____</p>	<p>Audit This claim is approved and ordered to be paid from the appropriations indicated above.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>