

Town of Clayton Fire District

PO Box 237

Clayton, NY 13624

Email: claytonfiredistrict@gmail.com

Website: www.townofclaytonfiredistrict.com

VOUCHER

CLAIMANT'S NAME:
ADDRESS:
CLAIM NUMBER

<i>(Claimant - Do Not Write in This Area) Fire District Use Only</i>	VOUCHER NUMBER:
FUND APPROPRIATION	AMOUNT
A5141 Chief's Fuel	
A5128 Cell Phone	\$20.00
TOTAL	

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		Month's Mileage @.655/mile		
	N/A	1.00	Cell phone reimbursement	\$20.00	\$20.00
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 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>Audit This claim is approved and ordered to be paid from the appropriations indicated above.</p>
<p>_____ DATE</p> <p>_____ AUTHORIZED OFFICIAL</p>	<p>_____ _____ _____ _____</p>