

Town of Clayton Fire District

Post Office Box 237
Clayton, NY 13624-0237

P.O. Number

DO NOT WRITE IN THIS BOX

VOUCHER

Claimants
Name
And
Address

TERMS:

Date Voucher Rec'd:		
FUND-APPOPRIATION	AMOUNT	
TOTAL		
Abstract Number		
Vendor's Ref. No.		

DATES	Description of Services			AMOUNT

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 or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

_____ DATE

_____ SIGNATURE
(Space Below for Municipal Use)

_____ TITLE

<p>DEPARTMENT APPROVAL <i>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</i></p>	<p>APPROVAL OF PAYMENT This claim is approved and ordered paid from the appropriations indicated above.</p>
<p>Authorized Signature _____ Date _____</p>	