Town of Clayton Fire District

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

VOUCHER

(Claimant - Do Not Write in This Area) *Fire District Use Only*	**VOUCHER NUMBER:**
FUND APPROPRIATION	**AMOUNT**
TOTAL	

CLAIMANT'S
NAME:

ADDRESS:

CLAIM NUMBER

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
					$0.00
				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 _____

(Claimant - Do Not Write in This Area) Fire District Use Only

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:

DATE AUTHORIZED OFFICIAL

Audit
This claim is approved and ordered to be paid from the appropriations indicated above.