

VOUCHER

TOWN OF NEWFANE
 2737 MAIN STREET
 NEWFANE, NY 14108

PHONE: 716-778-8531
 FAX: 716-638-4261

townofnewfaneny.gov



OFFICE USE ONLY:

Voucher: #	_____
Date entered:	_____
GL CODE:	_____

PURCHASE ORDER #	_____
Fund Appropriations	Amount
_____	_____
_____	_____
_____	_____
_____	_____

CLAIMANT'S NAME & ADDRESS

Total _____

DATE	INVOICE NUMBER / DESCRIPTION	UNIT PRICE	AMOUNT
		TOTAL	

CLAIMANTS CERTIFICATION

I, _____, certify that the above account in the amount of \$_____ is true and correct; that the items, services and disbursements charged were tendered 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 TITLE

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

APPROVAL FOR PAYMENT

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

 DATE AUTHORIZED OFFICIAL

 DATE AUDITING BOARD