

Village of South Nyack

282 South Broadway
South Nyack, NY 10960

845-358-0287

845-358-0630 fax

VOUCHER

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

PURCHASE ORDER NO. _____

DO NOT WRITE IN THIS BOX

DATE VOUCHER RECEIVED :		
FUND-APPROPRIATION	AMOUNT	
	TOTAL	
ABSTRACT NO.		

TERMS _____

VENDER'S REF. NO. _____

DATE	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
CLAIMANT'S CERTIFICATION			
			TOTAL

I, _____, CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF \$ _____

IS TRUE AND CORRECT: THAT THE ITEM'S, SERVICE'S, 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 _____ TITLE _____

DEPARTMENT APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE MUNICIPALITY ON THE DATES STATED AND THE CHARGES ARE CORRECT.

_____ DATE _____ AUTHORIZED OFFICIAL _____

APPROVAL FOR PAYMENT

THIS CLAIM IS APPROVED AND ORDERED PAID FROM THE APPROPRIATIONS INDICATED ABOVE.

_____ DATE _____ AUDITING BOARD _____