VOUCHER

TOWN OF COEYMANS
18 RUSSELL AVENUE
RAVENA, NEW YORK 12143

FUND:
Department:

VOUCHER #	
ABSTRACT#	
VENDOR ID #	
CHECK DATE	
CHECK #	

Please do not write in these boxes

Name

Address

City, State, Zip

Account	**Amount**
	Total

Date	**Description of Services**	**Unit Price**	**Amount**
Total			

I _____ certify that the above 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 actual due.

Date _____ Signature _____ Title _____

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

Date Authorized Officia

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

_____ _____

_____ _____