

**VOUCHER**

<b>TOWN OF COEYMANS</b> <b>18 RUSSELL AVENUE</b> <b>RAVENA, NEW YORK 12143</b>
<b>FUND:</b> <b>Department:</b>

<b>VOUCHER #</b>
<b>ABSTRACT#</b>
<b>VENDOR ID #</b>
<b>CHECK DATE</b>
<b>CHECK #</b>

Please do not write in these boxes

<b>Name</b>
<b>Address</b>
<b>City, State, Zip</b>

<b>Account</b>	<b>Amount</b>
<b>Total</b>	

<b>Date</b>	<b>Invoice #</b>	<b>Description of Services</b>	<b>Unit Price</b>	<b>Amount</b>
<b>Total</b>				

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 Town of Coeymans on the dates stated: that no part has been paid or satisfied: that taxes from which the Town of Coeymans is exempt are not included and that the amount claimed is actually due.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

<p><b>Departmental Approval</b></p> <p>The above service or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p>
<p>Date _____ Authorized Official _____</p>

<p><b>Approval for Payment</b></p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p>
<p>_____</p> <p>_____</p>