

TOWN OF CLAYTON
 405 Riverside Drive
 Clayton, New York 13624

**PURCHASE
 ORDER NO**

DO NOT WRITE IN THIS BOX

VOUCHER

CLAIMANT'S
 NAME
 AND
 ADDRESS

Date Voucher Received		VOUCHER NO
FUND-APPROPRIATION	AMOUNT	
TOTAL		
Abstract No.		
Vendor's Ref No.		

TERMS

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
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				-
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				-
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				-
TOTAL				-

CLAIMANT'S CERTIFICATION

I, _____, certify that the above amount of \$ _____ is true and correct; that the items, services, and disbursements charged were rendered to or for the municipality on the date 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
 (space below for municipal use)

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

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

 DATE AUTHORIZED OFFICIAL

