



405 Riverside Drive • Clayton, NY 13624 • 315-686-3512 • Fax 315-686-2651

Independent Contractor Accountability Sheet

Period:	<i>Must be submitted the 1st and 15th of each month.</i>	
Contractor Name:	Home Phone:	
Address:	Cell Phone:	
Property Maintained:		
Notes:		
<p><i>The following information is necessary to process your voucher. Please fill this out completely and return to the <u>Town of Clayton, Attn: Accounts Payable, 405 Riverside Drive, Clayton, NY 13624</u>. Please do this immediately following the work period stated above. No payment can be processed until this paperwork is filled out completely and accurately. If no work was performed during this work period, it is still necessary to complete this form. Simply check the box below titled, "No work performed". Upon completion and review, your check will be processed for the next pay period.</i></p>		
<input type="checkbox"/> No work performed		
Contractor's Signature: _____	Date: _____	
For official use only	Date Received:	Work inspection: Yes/No
Received by:	Department Head:	
Voucher Approved:	Date:	
Yes / No		
Paid Date:		