

# VOUCHER

## TOWN OF BURLINGTON

6011 State Highway 51  
Burlington Flats, NY 13315

(CLAIMANT - DO NOT WRITE IN THIS AREA)

VOUCHER NUMBER \_\_\_\_\_

DATE VOUCHER RECEIVED \_\_\_\_\_

FUND - APPROPRIATION	AMOUNT
TOTAL	
ENTERED ON ABSTRACT NO. _____	

DEPARTMENT \_\_\_\_\_

CLAIMANT'S NAME AND ADDRESS

DETAILED INVOICES MAY BE ATTACHED, AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.

TERMS \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
(SEE INSTRUCTIONS ON REVERSE SIDE)				TOTAL	

### CLAIMANT'S CERTIFICATION

I, \_\_\_\_\_, certify that the above account 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 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.

DATE \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_

#### APPROVAL FOR PAYMENT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_ AUDITING BOARD \_\_\_\_\_