VOUCHER

TOWN OF FISHKILL
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800
Federal ID No.: 14-6002179

MUNICIPAL USE ONLY - DO NOT WRITE BELOW	
Date Voucher Received:	
Purchase Order Number:	
Fund Appropriation	**Amount**
Total	

Claimant's Name

Claimant's Address

City State Zip Code

The section below to be completed by all claimants.

Date	Invoice No.	Description of Materials or Services Provided	Quantity	Unit Price	Total Price

VENDOR/CLAIMANT'S CERTIFICATION (Entire section to be completed by all claimants)

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**

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Date **Authorized Official**

DEPARTMENT APPROVAL

Date **Department Head's Approval**

APPROVAL FOR PAYMENT

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

Date **Comptroller's Approval**

PRINT