

# 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
<b>Total</b>	
Vendor No.:	

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
<b>TOTAL</b>					

**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

**FOR MUNICIPAL USE ONLY - DO NOT WRITE BELOW**

\_\_\_\_\_
\_\_\_\_\_

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