## **VOUCHER**



Date

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

Claimant's Name						
Claimant's Address						
City	State	Zip Code				

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

				otal				
The section below to be completed by all claimants.								
Date	Invoice No.	Description of Materials or Services Provide	ed Quantity	Unit Price	Total Price			
		Purchase and Installation of PRV at (property addre						
		T exceed \$350. If the total amount paid equals or						
exceeds \$350, fill in \$350 on this form. If less than \$350, fill in exact amount paid.  Vouchers with totals exceeding \$350 will be reduced accordingly.								
Voucileis	Titli totals excee	T		TOTAL				
				IOIAL				
V	ENDOR/CLA	IMANT'S CERTIFICATION (Entire section	to be complet	ed by all cl	aimants)			
1		cortifue that the above account in the am	ount of	io tru	io and correct: the			
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 par								
has been	paid or satisfie	d; that taxes from which the municipality is exem						
is actually	due.							
	Date	Signature		Title				
		FOR MUNICIPAL USE ONLY - DO NOT	I WRITE BELO	VV				
				<del> =</del>				
			APPROVAL FOR PAYMENT This claim is approved and ordered paid from					
Date		• •	priation indicated above.					
Date	•	Authorized Official th	io appropriation ii	idiodiod abo	· O.			
	DEPA	RTMENT APPROVAL						

Date

Comptroller's Approval

**Department Head's Approval**