## **VOUCHER** TOWN OF RENSSELAERVILLE

Authorized Official

Date

	87 Barger Road Medusa, NY 12120 Federal EIN#: 14-6002400					Fund - Appropriation		
	Department:				1			
Claimant's Name and								
Address							TOTAL	
					]	PO #:		
Detailed invoices	s may be attached	and total entered	d on this youch	er.	Voucher prepa	ared by:		
	ow must be signed		2 011 11 110 10 10 11	<b>.</b>	7 0 do. 101 p 10p			
Date	1 ' '				s or Service	S	Unit Price	Amount
	Invoice #							
				<b>10</b>			TOTAL	
			Ci	(See instructions on revo			TOTAL	
		, certify		account in the amount of \$	<u> </u>	is	true and correct,	
		-		ed to or for the municipality on			has been paid	
satisfied; that tax	es, from which the	e municipality is e	exempt, are not	t included; and that the amour	nt claimed is ac	tually due.		
Date (Space he				Signature			Title	
		VE		elow for municipal use)  OF RECEIPT FOR MATERIA	LS/SERVICES	<u> </u>		
·	, v			noted above were received a			(date	e.)
					(Cianatura)			
					(Signature)			
This expense re	epresents an auth	norized prepay a	s per the Org	anizational Meeting of			as	
uthorized by t	he Town Board.							
			(Signature) _			_ (Date)		
	Department	Approval		APPRO	VAL FOR PA	MENT: AUDI	TING BOARD	
	_ <b>,</b>							
	ervices/materials w							
urnished to the i he charges are	municipality on the correct.	uales stated and	ı					
<u>G</u> <del>C</del>								
						Date:		

Voucher #:

Date rec'd:

## **INSTRUCTIONS**

**DEPARTMENT OR AGENCY** - Indicate the department that received the services or supplies. Send one copy of the voucher properly completed to that department. Use a separate voucher for charges against each department.

**CLAIMANT'S NAME AND ADDRESS** - All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.

**TERMS** - Show any discounts that are allowed for prompt payment.

PO # - If a purchase order has been issued for the items charged on this voucher, show the number thereof.

**VENDOR'S INVOICE NO.** - If a vendor requires an invoice number, in order to identify the check in payment of this voucher, show such number.

**DESCRIPTION OF MATERIALS OR SERVICE** - All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach the form to this voucher.

**CLAIMANT'S CERTIFICATION** - The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g. sole owner, partner, treasuer, bookkeeper, billing clerk, etc. The signature must be an original signature, not a copy. Notary not required.

**DELIVERY RECEIPTS** - Where applicable, attach delivery slips signed by the municipal employee receiving the materials.

**RETURN VOUCHER PROMPTLY** - In order to expedite payment, this voucher should be returned promptly after the services have been rendered or the materials have been furnished.