VOUCHER

Town of Beekman
4 Main Street
Poughquag, NY 12570

Voucher Number _____

Date Received _____

Dept. _____

Claimants Name &

Fund-Appropriation	Amount
Total	

Detailed invoices may be attached and total entered on this voucher
Certification below must be signed.

INVOICE DATE	INVOICE #	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
		Total		

CLAIMANT'S CERTIFICATION

I,_____, certify that the above account in the amount of _____ is true and correct; that the items, services, and disbursements 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 _____

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 _____

Print Name of Authorized Official _____