TOWN OF CLIFTON PARK
ONE TOWN HALL PLAZA
CLIFTON PARK, NEW YORK 12065
(518) 371-6651

VOUCHER

MAIL TO:

P.O. No. must be included for payment.

CLAIMANT'S

TAX EXEMPT MUNICIPALITY FED I.D. #14-6002129

NAME

AND

FUND

APPROVED BY

VOUCHER NO.

ADDRESS

City & State

Zip

Dates

Invoice

Description of Material or Services

Claimed

CLAIMANT'S CERTIFICATION

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

SPACE BELOW FOR USE OF TOWN OFFICES ONLY

Account Distribution

Amount

PAYMENT APPROVAL BY

DEPARTMENT HEAD

I hereby certify that the merchandise, materials or services enumerated in this claim have been received and that the quantity and quality thereof are as specified in such a claim; that the services specified were performed and the contract price therefore has been earned; that they will be necessary for and have been, or will be, applied to the use of the department.

DEPARTMENT HEAD

DATE

www.cliftonpark.org