

V
O
U
C
H
E
R

TOWN OF SULLIVAN

Madison County
7507 Lakeport Rd.
Chittenango, NY 13037-9597

Purchase
Order No.

DO NOT WRITE IN THIS BOX

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

Date Voucher Received		VOUCHER NO.
FUND + APPROPRIATION	AMOUNT	
TOTAL		
Abstract No.		

Vendor's
Ref. No.

TERMS

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
		Federal Tax Exempt No. A-140162	TOTAL	

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 true.

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

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