VOUCHER

TOWN OF SMITHVILLE

	PO BOX 217		DATE VOUCHER RECEIVED		
	SMITHVILLE FLATS NY 13841		Fund - Appropriation	Amount	
NEDARTMEN	и	_			
JEI AITIMEI		·		·	
) L			
CLAIMANT'S					
NAME AND					
ADDRESS			Total		
		اً ا	ENTERED ON ABSTRACT NO.		
DETAILED IN	VOICES MAY BE ATTACHED AND TOTAL ENTERED ON TH	HIS VOUCH	IER. PURCHASE	· · · · · · · · · · · · · · · · · · ·	
PERTIFICATI	ON BELOW MUST BE SIGNED.	TERM	SORDER NO.		
Account	Description		Invoice #	Amount	
10.1	1				
				,	
-					
·		•	· · · · · · · · · · · · · · · · · · ·	,,	
				-	
			TOTAL		
	CLAIMANT'S CEI	RTIFICATIO	ON -		
I,	, certify that t	the above a	ccount in the amount of \$		
part has be	correct; that the items, services and disbursements charged ween paid or satisfied; that taxes, from which the municipality i	is exempt, a	ed to or for the municipality on the dates are not included; and that the amount class	stated; that no imed is actually due.	
Date Signature			Title		
	(Space below for	or municipal	use)		
	DEPARTMENT APPROVAL		APPROVAL FOR PAYMEN	T	
\$1	The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.		This claim is approved and ordered paid from the appropriations indicated above.		
				 .	
D	Pate Authorized Official	_			

Date

Auditing Board

(CLAIMANT - DO NOT WRITE IN THIS AREA)

VOUCHER#