

**Voucher**

Town of Forestport  
 12012 Woodhull Rd, PO Box 137  
 Forestport, NY 13338

Voucher No. \_\_\_\_\_

Fund / Department: General

Fund Appropriation Code	Amount
Total	

Claimant's	
Remit To	
Address	

Entered on Abstract No. \_\_\_\_\_

Date	Invoice #	Quantity	Purchase Description	Unit price	Total 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 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 \_\_\_\_\_

<p><b>Department Approval</b>                  The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p> <p style="text-align: center;">_____                  Authorized Official</p> <p>_____ Date</p>	<p><b>Approval for Payment</b>                  The claim is approved and ordered paid from the appropriations indicated above.</p> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p style="text-align: center;">_____ Date _____ Auditing Board</p>								