VOUCHER

DO NOT WRITE IN THIS BOX

Date Voucher Received_____Voucher#_____

OFFICE OF THE SUPERVISOR

TOWN OF MARLBOROUGH
PO BOX 305, MILTON, NY 12547

FUND APPROPRIATION	AMOUNT	
TOTAL		

Department_____

Claimant's Name and Address

ID# 14-6002290

Detailed invoices must be attached, and total entered on this voucher. Certification below MUST BE SIGNED

DATE	INV NO.	PO NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	AMOUNT	
				PLEASE COMPLETE SIGN AND RETURN VOUCHER FOR PAYMENT		
				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 due.

_____ DATE

_____ SIGNATURE

_____ TITLE

(Space Below for Municipal Use)

DEPARTMENT CERTIFICATION

The above services or materials were procured pursuant to procurement policy furnished by the Town and were rendered or furnished to the Municipality on the dates stated and the charges are correct.

_____ DATE

_____ AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim has been duly processed for audit and approval by the Town Board.

_____ _____

_____ _____

_____ _____

_____ DATE

_____ AUDITING BOARD