Village of
ALTAMONT

P.O. BOX 643 • 115 MAIN STREET • ALTAMONT, NY 12009
PHONE (518) 861-8554 FAX (518) 861-5379

VOUCHER

Voucher # _____ Check # _____

Date Paid _____

VENDOR NAME AND ADDRESS

_____

_____

_____

FUND APPROPRIATION AMOUNT

_____

_____

_____

_____

Village Tax Exemption # 14-6002060

ABSTRACT # _____ TOTALS _____

Attached detailed INVOICE and enter TOTAL on this voucher. Certification below MUST BE SIGNED

DATE	INVOICE	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT	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

DEPARTMENT APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE RENDERED FURNISHED TO THIS MUNICIPALITY AND THE CHARGES ARE CORRECT.

_____

DATE AUTHORIZING OFFICIAL

VILLAGE OF ALTAMONT USE ONLY

APPROVAL OF PAYMENT

THIS CLAIM IS APPROVED AND ORDERED PAID FROM THE APPROPRIATION INDICATED ABOVE.

_____

DATE AUDITING BOARD