

VOUCHER TOWN OF SCHODACK Town Hall 265 Schuurman Road Castleton, NY 12033			(CLAIMANT - DO NOT WRITE IN THIS AREA)		VOUCHER NUMBER _____ _____	
			FUND APPROPRIATION		AMOUNT	
CLAIMANT'S NAME AND ADDRESS <div style="background-color: yellow; height: 80px;"></div> <div>DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.</div>						
TERMS: _____ P.O. NO.: _____		CHECK NO. _____ DATE: _____	TOTAL		\$	-
DATE	INVOICE NUMBER	QUANTITY DESCRIPTION OF MATERIAL OR SERVICES			UNIT PRICE	AMOUNT
						Total \$ -
CLAIMANT'S CERTIFICATION						
I _____ certify that the above account in the amount of \$ _____ is true and correct; that the items, s erVICES and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, fr om which the municipality is exempt, are not included; and that the amount claimed is actually due.						
DATE _____		SIGNATURE _____		TITLE _____		
DEPARTMENT APPROVAL				APPROVAL FOR PAYMENT		
The above services or materials were rendered or furnished to the municipality on the dates stated and the changes are correct. _____ DATE AUTHORIZED OFFICIAL				This claim is approved and ordered paid from the appropriations indicated above. _____ _____		