VOUCHER

TOWN OF EAST BLOOMFIELD

99 MAIN ST, PO BOX 85 AST BLOOMFIELD NY 14443

EAST	BLOOMFIELD NY 14443				
DEPARTMENT					
DEFARIMENT					
	-	\neg			
		<u> </u>			
CLAIMANT'S					
NAME AND					
ADDRESS					
		_/	Total		
NETA II ED INIVOYOEC 14 4 V DE 4 TTA C	ALED AND TOTAL PARTIES OF THE PARTIE	ENTERED ON ABST			
DETAILED INVOICES MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.		R. TERMS	TERMS PURCHASE ORDER NO.		
Account	Description		Invoice #	Amount	
· · · · · · · · · · · · · · · · · · ·					
			TOTAL		
	CLAIMANT'S C	ERTIFICATION			
I,	, certify tha	it the above account in the am	ount of \$		
is true and correct; that the ite	ems, services and disbursements charged	were rendered to or for the m	unicipality on the dates state	ed; that no	
part has been paid or satisfied	l; that taxes, from which the municipality	is exempt, are not included;	and that the amount claimed	is actually due.	
	<u> </u>				
Date Signature			Title		
	(Space below	for municipal use)			
DEPARTME	NT APPROVAL	APP	ROVAL FOR PAYMENT		
The above services or materials were rendered			This claim is approved and ordered paid		
or furnished to the mostated and the charges	unicipality on the dates	from the ap	propriations indicated above.		
stated and the charges	are correct.				
Date	Authorized Official				
<i>→</i> 	- John Children	Auditing Boar	d Auditi	ng Board	

(CLAIMANT - DO NOT WRITE IN THIS AREA)

DATE VOUCHER RECEIVED

Fund - Appropriation

VOUCHER# _____

Amount