Town Of Amenia

4988 Route 22, PO BOX 126, AMENIA, NY 12501
TEL: 845-373-8860 FAX: 845-373-9147

Claimant's _____ _____

Name & _____ _____

Address _____ Total_____

Entered on Abstract No:

_____

Purchase

Terms _____Order No. _____

Detailed Invoices may be attached and Total entered on this Voucher. Certification ***be MUST BE SIGNED***

Date	Vendor's Invoice NO	Quantity	Description of Materials or Services	Unit Price	Amount
				TOTAL	

I, _____, certify that the above account in the amount of $ _____
Is true and correct; that the item, services and disbursement 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*

(Space Below for Municipal Use)

Department Approval

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

_____ _____

Date Authorized official

Approval for Payment

This claim is approved and ordered paid from the appropriations indicated above.

_____ _____

_____ _____

_____ _____

Date Town Board