



TOWN OF AMENIA

4988 Route 22, 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.

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

Date Authorized official

Date Town Board