VILLAGE OF TIVOLI

PO Box 397
Tivoli, NY 12583
PH: 845-757-2021 FAX: 845-757-5416

VOUCHER

CLAIMANT'S NAME AND ADDRESS

MUNICIPAL USE - DO NOT WRITE IN BOX		
Purchase Order Number:		
Date Voucher Received:		
FUND APPROPRIATION	AMOUNT	
TOTAL		
Abstract #		

Date	Invoice #	Description of Materials or Services	Quantity	Unit Price	Amount
				TOTAL	

VENDOR/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 _____

(Space Below for Municipal Use)

MAYOR

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 appropriation indicated above.

DATE TRUSTEES