



VOUCHER

TOWN OF MILAN
DUTCHESS COUNTY
20 Wilcox Circle
Milan, New York 12571

GENERAL FUND

CLAIMANT'S
NAME
AND
ADDRESS

INSTRUCTIONS: Claimant's name and address must be filled in clearly. The check will be made out to the named person and mailed to the indicated address.

VENDOR'S INVOICE NO: Be sure to identify any reference number you need to identify the payment. **DESCRIPTION OF MATERIALS OR**

SERVICES: Unless an ITEMIZED invoice is attached, all charges must be itemized on this voucher - show date of service or delivery, quantities, description of charge, unit price and total amount per item. **CLAIMANT'S CERTIFICATION** - The certification below must be signed. The date and title of the person signing must be filled in. Notary not required.

DATE	INVOICE	DESCRIPTION OF MATERIALS 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, 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)

DEPARTMENTAL 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

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

DATE _____ A _____

AUTHORIZED OFFICIAL

DATE

AUTHORIZING BOARD