

**Theresa Town Office
215 Riverside Avenue
Theresa, NY 13691**

Voucher/Purchase # _____	
DATE RECEIVED	
Fund Appropriation	Amount
Total	
ABSTRACT #	

DEPARTMENT **HIGHWAY**

Claimant's
Name
and
Address

Detailed invoices may be attached and total entered on this voucher. Certification below must be signed.

Terms: _____ Purchase Order # _____

Date	Quantity	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)

<p align="center">DEPARTMENT APPROVAL</p> <p>The above service or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p>	<p align="center">APPROVAL FOR PAYMENT</p> <p>This claim is approved and ordered paid from the appropriation indicated above.</p>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">DATE</td> <td style="text-align: center;">AUTHORIZED OFFICIAL</td> </tr> </table>			DATE	AUTHORIZED OFFICIAL	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">DATE</td> <td style="text-align: center;">AUDITING BOARD</td> </tr> </table>			DATE	AUDITING BOARD
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