

Town of Monroe

11 STAGE ROAD, MONROE NEW YORK 10950

(845)783-1900 - Fax (845) 782-5597

VOUCHER

Purchase

Order Number

Fund - Appropriation	Amount
Total	

Department: _____

Claimant's Name:
& Address

Terms: _____

Vendor Ref #: _____

Invoice Date	Description of Materials or Services	Amount
	Total	

Purchase Authorization: Deliver the items to the place and on the dates indicated above.

Department Head or Director of Purchasing

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

Department Approval

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

Date Signature

Approval for Payment

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

Date Auditing Board