

TOWN OF MOHAWK

P.O. Box 415 / 2-4 Park St.

Fonda, N.Y. 12068

Phone: (518) 853-3031 – Fax: (518) 853-3081

VOUCHER

Claimant's

Name

and

Address

Terms

Vendor's No. _____

DO NOT WRITE IN THIS BOX		VOUCHER NO.	
		Date Voucher Received	
FUND – APPROPRIATION		AMOUNT	
TOTAL			
Abstract No.	Pd.	Ck#	

Dates	Quantity	Description of Materials or Service	Unit Price	Amount
<p>Bills are audited on the second Thursday of every month and payment is made the following week. They must be received in the office by the Monday before the second Thursday. All invoices must be accompanied by claim voucher.</p> <p style="text-align: center;">(See Instructions on Reverse Side)</p>				

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 of 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 only)

<p style="text-align: center;">DEPARTMENT APPROVAL</p> <p>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p>	<p style="text-align: center;">APPROVAL FOR PAYMENT</p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p>
<hr/> <p style="text-align: center;">DATE</p>	<hr/> <hr/> <hr/> <p style="text-align: center;">AUDITING BOARD</p>

AUTHORIZED OFFICIAL