

Voucher

Voucher Form: September, 2006 v1

Town of Gardiner, Ulster County
 POB 1
 Gardiner, NY 12525
 TEL 845-255-9675
 FAX 845-255-9146

Claimant: Supplier, Contractor, or Consultant Name and Address

Voucher No.: _____

Date: _____

Code: _____

TOG Department: _____

Ordered By For TOG: _____

Order Approval: _____

Date	Invoice Number	Quantity	Description of Materials or Services	Unit Price	Amount	
Detailed invoices may be attached. Certification must be signed below.					TOTAL:	

I certify that the above account 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.

 Claimant Name Title Signature Date

DEPARTMENT CONFIRMATION

The above services or materials were rendered or furnished as certified

 Date Authorized Official

APPROVAL FOR PAYMENT

This claim is approved and ordered for payment from the appropriation indicated above

 Authorized Officials