TOWN OF MONROE

11 STAGE ROAD, MONROE NEW YORK 10950
(845)783-1900 - Fax (845) 782-5597

Date _____

VOUCHER

Fund - Appropriation	Amount
Total	

Department: _____

Claimant's Name: & Address

Terms: _____

Vendor Ref #: _____

Invoice Date	Description of Materials or Services	Amount
	Total	

Tax ID # 14-6002307

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 _____ Authorized Signature _____

Approval for Payment

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

_____ _____

_____ _____

Auditing Board