TOWN OF AMENIA

4988 Route 22, AMENIA, NY 12501
TEL: 845-373-8860 FAX: 845-373-9147

Claimant's _____ _____

Name & _____ _____

Address _____ Total _____

Entered on Abstract No:

_____

Purchase
Terms _____ Order No. _____

Detailed Invoices may be attached and Total entered on this Voucher. Certification ***be MUST BE SIGNED***

Date	Vendor's Invoice NO	Quantity	Description of Materials or Services	Unit Price	Amount
				TOTAL	

I, _____, certify that the above account in the amount of $ _____
Is true and correct; that the item, services and disbursement 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)

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 official

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

_____ _____
_____ _____
_____ _____
Date Town Board