

Town of New Hartford

48 GENESEE ST. • NEW HARTFORD, NY 13413

Phone 315/733-7508
Fed. ID # 15-100-1062

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

TERMS _____

VOUCHER

DO NOT WRITE IN THIS SPACE

Date Voucher Received		VOUCHER NO.
FUND - APPROPRIATION	AMOUNT	
PO #		
TOTAL		
Abstract No.		

Vendor's
Ref. NO. _____

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
		<p>Note to Vendor: Once your services have been rendered, please remit an invoice and voucher for payment within <u>30 days</u> of service and/ or job completion. Your invoice should contain all proper details of purchases made or services provided, including dates, amounts, locations, man hours, equipment hours, and specifics as to work and services performed.</p> <p>(See Instructions on Reverse Side)</p>		
			TOTAL	

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

(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 AUDITING BOARD