# Town of Ballston

A Farms First Community

## VOUCHER

DEPARTMENT_____

| FOR MUNICIPAL USE ONLY | | |
|---|---|---|
| Date Voucher Received | | |
| Acct # | Amount | |
| Invoice # | | |
| Voucher# | | |
| Fund | | |
| Trans. | | |
| Check # Total | | |
| Abstract No. | | |

**Claimant's Name And Address** _____

_____

_____

| **Invoice Date** | Quantity | **Invoice Number**/Description of Materials or Services | Unit | Price | Amount | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | **TOTAL** | | | |

**CLAIMANT'S CERTIFICATION**

I, _____, certify that the above 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 the 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 | Approval for Payment |
|---|---|
| The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct. | This claim is approved and ordered paid from the appropriations indicated above. |
| _____ _____ | _____ _____ |
| DATE AUTHORIZED OFFICIAL | _____ _____ |
| | _____ _____ |
| | DATE AUDITING BOARD |

Street Address
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Ballston Spa, NY 12020

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