



VOUCHER

TOWN OF MALTA

COMPTROLLER'S OFFICE

2540 Route 9
Malta, NY 12020

(518) 899-2502
Fax (518) 899-4719

(CLAIMANT - DO NOT
WRITE IN THIS AREA)

VOUCHER
NO. _____

DATE VOUCHER RECEIVED _____

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

[]
[]

FUND - APPROPRIATION	AMOUNT
TOTAL	
ENTERED ON ABSTRACT NO. _____	

TERMS _____ PURCHASE
ORDER NO. _____

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

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
(See Instructions on Reverse Side)					
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 _____

Town Comptroller