

MAIL TO:



TOWN OF CLIFTON PARK
ONE TOWN HALL PLAZA
CLIFTON PARK, NEW YORK 12065
(518) 371-6651 VOUCHER

P.O. No. _____
must be included for
payment.

TAX EXEMPT MUNICIPALITY FED I.D. #14-8002129

COMPTROLLER USE ONLY

CLAIMANT'S
NAME
AND
ADDRESS

Form with fields for Name, Federal ID or Social Security Number, Street, City & State, and Zip.

Form with fields for DATE, CHECK NUMBER, FUND, APPROVED BY, and VOUCHER NO.

Table with 4 columns: Dates, Invoice, Description of Material or Services, and Claimed. Multiple rows for data entry.

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 USE OF TOWN OFFICES ONLY

Form with columns for Account Distribution, Amount, and Payment Approval by Department Head. Includes a text box for certification and a date field.