Voucher

Town of Goshen
P.O. Box 217
Goshen, NY 10924

Department_____

Tax Exempt: Federal & State Taxes Tax No. 14-6002201

Claimant's Name & Address

_____

Purchase Order No: _____

Fund- Appropriation NO:	**Amount:**

Total: $ 0.00

Complete and sign Claimant's Certification section of this voucher and return to issuing department with your invoice for prompt payment. We will send another purchase order for any unbilled balance that is to be back ordered.

Date	Invoice No.	Quantity	Description of Material or Service	Unit Price	Amount

Claimant's Certification

I, _____, certify that the above account in the amount of $_____ $ 0.00 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; and that the amount claimed is actually due.

Date_____ Signature_____Title_____

Department Approval

The above services/materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

Authorized Signature_____

Date_____

Approval for Payment

The Claim is approved & ordered paid from the appropriation indicated above.

_____ DB

_____ JV

_____ MG

_____ GL

_____ KN