Village of Catskill

www.villageofcatskill.net
422 Main Street - Catskill, N.Y.
Phone 518-943-3830 Fax 518-943-7606

VOUCHER

Do Not Write In This Box

Date Voucher Received: Check #:

Fund - Appropriation	*Amount*
Total	

Department _____

Vendor #

Payable To:

Claimant's Name & Address

Project / Purpose:

PO#:

Dates	Vendor's Invoice #	**Quantity**	**Description of Materials of Services**	**Unit Price**	**Amount**
Detailed Invoices may be attached and Total entered on this voucher.				**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 and 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 — X *Signature of Claimant* — 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.

X *Department Head* **Date**

Approval For Payment

This claim is approved and ordered paid from the appropriations indicated above.

Init. *Date* *Init.* *Date*

Board of Trustees Village of Catskill