

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, Claimed. Multiple empty 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

Table with 3 columns: Account Distribution, Amount, and PAYMENT APPROVAL BY DEPARTMENT HEAD. Includes a signature line for the Department Head and a date field.