

# Voucher

Voucher Form: September, 2006 v1

Town of Gardiner, Ulster County  
POB 1  
Gardiner, NY 12525  
TEL 845-255-9675  
FAX 845-255-9146

Claimant: Supplier, Contractor, or Consultant Name and Address

Voucher No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Code: \_\_\_\_\_  
TOG Department: \_\_\_\_\_  
Ordered By For TOG: \_\_\_\_\_  
Order Approval: \_\_\_\_\_

Date	Invoice Number	Quantity	Description of Materials or Services	Unit Price	Amount
Detailed invoices may be attached. Certification must be signed below.					
				TOTAL:	

I certify that the above account 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.

\_\_\_\_\_  
Claimant Name Title Signature Date

### DEPARTMENT CONFIRMATION

The above services or materials were rendered or furnished as certified

\_\_\_\_\_  
Date Authorized Official

### APPROVAL FOR PAYMENT

This claim is approved and ordered for payment from the appropriation indicated above

\_\_\_\_\_  
\_\_\_\_\_  
Authorized Officials