UNION VALE FIRE DISTRICT
P.O. Box 21
Verbank. New York 12585

VOUCHER

Order No. _____

DO NOT WRITE IN THIS BOX

Date Voucher Received

FUND - APPROPRIATION	AMOUNT	
TOTAL		

VOUCHER NO

Check No.

CLAIMANT'S NAME AND ADDRESS

Vendor's Ref. No.

TERMS _____

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
			TOTAL	

(See Instructions on Reverse Side)

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 fire district on the dates stated; that no part has been paid or satisfied; that taxes, from which the fire district is exempt, are not included; and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____

(Space below for Fire District use)

APPROVAL

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

DATE _____ AUTHORIZED OFFICIAL _____

AUDIT

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

DATE _____

Chairman

COMMISSIONERS