VOUCHER TOWN OF BERLIN

P.O. Box 307 Berlin, New York 12022-0307 Tax ID# 14-6002082

		!D# 14-6002082	.07		FUND - APPROPRIATION			
	147	10# 14-0002082						
DEPARTMENT.								
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1						<u> </u>		
CLAIMANT'S NAME				****				
AND					TOTAL			
ADDRESS				ENTERED ON	ABSTRACT NO.			
<u> </u>	_							
DETAILED INVOICES I		O TOTAL ENTERED ON THIS	S VOUCHER.	TERMS		PURCHASE ORDER NO		
DATE	VENDOR'S	QUANTITY	DESCRIPTION	N OF MATERIALS OR	SERVICES	UNIT PRICE	AMOUNT	
	INVOICE NO.	QOANTIT I	DESCRIPTION	TO MATERIALO OTTO	JEH VIOLO	ONTITUOE	AMOUNT	
Ė								
		•			•			
!								
			(SEE INSTRUCTION	NS ON REVERSE SIDE)		TOTAL		
			CLAIMANT'S	CERTIFICATION				
1,				, certify that the abov	e account in the a	mount of \$		
is true and	d correct; that the	items, services and	disbursements cha	rged were rendered to ty is exempt, are not inc	or for the municipal	ality on the dates st	ated; that no	
part rias bi	een paid or satism	eu, illai laxes, liolli v	vinch the municipan	ty is exempt, are not inc	audeu, and mat me	amount claimed is	actually due.	
	DATE		SIGNATURE		STATE OF THE STATE	TITLE		
				FOR MUNICIPAL USE)				
	DEPARTM	ENT APPROVAL			APPROVAL FO	DR PAYMENT		
- .								
		materials were rendicipality on the date			This claim is approved and ordered paid from the appropriations indicated above.			
	the charges are c		o stated	110111	and appropriated	mo moreated abov		
	g.z a.s s							
					 			
DATE	_	AUTHORIZED OF	FICIAL					

DATE

AUDITING BOARD

VOUCHER

NUMBER _

(CLAIMANT - DO NOT WRITE IN THIS AREA)

DATE VOUCHER RECEIVED _

CLERK	DATE PAID	DATE AUDITED	CODE	AMOUNT — \$	CLAIMANT	VOUCHER NO
						20

INSTRUCTIONS

DEPARTMENT OR AGENCY — Indicate the department that received the services or supplies. Send one copy of the voucher properly completed to that department. Use a separate voucher for charges against each department.

CLAIMANT'S NAME AND ADDRESS — All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.

TERMS — Show any discounts that are allowed for prompt payment.

PURCHASE ORDER NO. — If a purchase order has been issued for the items charged on this voucher, show the number thereof.

VENDOR'S REFERENCE NO. — If the vendor requires a reference number, in order to identify the check in payment of this voucher, show such number.

DESCRIPTION OF MATERIALS OR SERVICES — All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach the form to this voucher.

CLAIMANT'S CERTIFICATION — The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc. Notary not required.

DELIVERY RECEIPTS — Where applicable attach delivery slips signed by the municipal employee receiving the materials.

RETURN VOUCHER PROMPTLY — In order to expedite payment this voucher should be returned promptly after the services have been rendered or the materials have been furnished.