

UNION VALE FIRE DISTRICT

P.O. Box 21
Verbank, New York 12585

VOUCHER

CLAIMANT'S
NAME
AND
ADDRESS

TERMS _____

Order No. _____

DO NOT WRITE IN THIS BOX

Date Voucher Received		VOUCHER NO
FUND - APPROPRIATION	AMOUNT	
TOTAL		
Check No.		

Vendor's
Ref. No. _____

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
(See Instructions on Reverse Side)			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 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.

AUDIT

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

DATE

AUTHORIZED OFFICIAL

DATE

COMMISSIONERS

Chairman