# COUNTY OF SARATOGA

COUNTY MUNICIPAL CENTER
BALLSTON SPA NY 12020

## VOUCHER

DEPT.

Claimant's
Name
and
Address

PURCHASE ORDER NO.

VOUCHER NO.

DO NOT WRITE IN THIS BOX

| | | |
|---|---|---|
| DATE VOUCHER RECEIVED | | |
| FUND APPROPRIATION | AMOUNT | PO Number |
| | | |
| | | |
| | | |
| | | |
| | | |
| OPEN $ | | |
| **CK** **JE** | | |
| **TOTAL** | | |
| **Abstract No.** | | |
| Vendor's Ref. No. | | DP |

| DATE | QUANTITY | DESCRIPTION OF MATERIALS OR SERVICES | UNIT PRICE | AMOUNT |
|---|---|---|---|---|
| | | | | |
| | | | TOTAL | |

CLAIMANT'S CERTIFICATION

I,_____, certify that the above account in the amount of $_____ is true
*Claimant must print name above*
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 amount claimed is actually due.

Date SIGNATURE TITLE

DEPARTMENT APPROVAL

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

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

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