Standard Voucher

Town of Wilton

Comptroller's Office

22 Traver Road Gansevoort, NY 12831 Tax ID# 14-6002509

Date Authorized

(518)587-1939 Fax (518)587-2837

bookkeeper@townofwilton.com www.townofwilton.com

Claimant's Name and Address

Detailed invoices must be attached, totals entered and the certification must signed for the Town to pay this voucher.

Official

For Town use only

Voucher number	er:					
Date voucher received:						
Fund Appropriat	Amount					
,						
' <u> </u>						
,	TOTAL:					
Purchase Ordrer #		*				

Date	Invoice #	Qty	Description of Materials and Services	Unit Price	Amount
				FIICE	
	1	1		TOTAL:	F

Claimant's Certification						
, certify that the above account in the amount of \$ is						
Signature		Title				
Space below f	or municipal use					
Departmental Approval The services or materials were rendered or furnished to the municipality on		Approval for Payment				
ne municipality on	This claim is approved a above.	and ordered paid from the appropriations indicated				
1	, co sements charged wer n the municipality is ex Significant Significant Space below f	, certify that the above account sements charged were rendered to or for the municipality is exempt, are not included; and Signature Space below for municipal use the municipality on This claim is approved a				

Date Comptroller