## **VOUCHER**

## Town of Goshen

Purchase Order Number must appear on ALL invoices packing slips, packages & correspondence.

P.O. Box 217				Purchase Order No#	Vouc	Voucher No.#	
Goshen, NY 10924				FUND-APPROPRIATION NO#		<b>AMOUNT</b>	
DEPART	MENT						
			State Taxes No. 14-600220	1			
Claimantia							
Claimant's Name	i						
&							
Address							
					<del></del> -	<u> </u>	
				Total			
Ship To	į				10	<u>cai</u>	
Complete	& Sign this voucher	and return to issuin	g department with your invoi	ce for prompt payment. We	will send another purcha	se order for any unbilled	
•	Ü		balance that is to	be back ordered.	•	•	
Dates	Invoice No.	Quantity	Description of Mate	erials or Services	Unit Price	Amount .	
	]						
			Claimant's C	Certification_		•	
I,		certify that	the above account in the am	ount of \$	is true and correct: t	hat the itame comicae	
and disbu	irsements charged w	ere rendered to or fo	r the municipality on the date	es stated; that no part has bee	en paid or satisfied; that	taxes, from which the	
municipa	lity is exempt; and the	hat the amount claim	ed is actually due.				
D	ate	Signature		<u> </u>	Title		
DEPARTMENT APPROVAL				APPR	APPROVAL FOR PAYMENT		
				claim is approved & ordered paid from the appropriation indicated			
The above services/materials were rendered or turnished to the							
municipa!	lity on the dates st	ated and the charg	es are correct.				
			[]-			PC	
				00		1 3	
			_				
Date				LC		GL	
		Authorized Official				<u> </u>	
ll l					KN		