Town of Liberty
120 North Main Street
Liberty, New York 12754

Voucher

Voucher No.
Check No.

CENTRAL CHECKING

Abstract #	
Fund/App.	Amount
TOTAL	

Claimant's
Name
and
Address _____ State _____ ZIP _____

Vendor# _____ P.O.# _____ Invoice # _____

Date	Description of Materials or Service	Unit Price	Amount
		Total	

I CERTIFY THAT THE ABOVE ACCOUNT IN THE ABOVE AMOUNT IS TRUE AND CORRECT; THAT THE ITEMS, SERVICE, AND DISBURSEMENTS CHARGED WERE RENDERED TO AND 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 THE AMOUNT CLAIMED IS DUE.

Date: _____ Signature: _____ Title: _____

THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE MUNICIPALITY ON THE DATES STATED AND THE CHARGES ARE CORRECT.

Date: _____ Signature: _____