

**Town of Kent**  
 25 Sybil's Crossing  
 Kent Lakes, NY 10512

PURCHASE  
 ORDER NO.

DO NOT WRITE IN THIS BOX

# VOUCHER

Claimant's  
 Name  
 And  
 Address

DATE VOUCHER REC'D		VOUCHER NO.
FUND - APPROPRIATION	AMOUNT	
TOTAL		
ABSTRACT NO.		
VENDOR'S REF. NO.		

Tax I.D. # \_\_\_\_\_

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 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 THE AMOUNT CLAIMED IS ACTUALLY DUE.

DATE	SIGNATURE (SPACE BELOW FOR MUNICIPAL USE)	TITLE
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>DEPARTMENT APPROVAL</b></p> <p>THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE MUNICIPALITY ON THE DATES STATED AND THE CHARGES ARE CORRECT.</p> <p>_____ DATE</p> <p>_____ AUTHORIZED OFFICIAL</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><b>APPROVAL FOR PAYMENT</b></p> <p>THIS CLAIM IS APPROVED AND ORDERED PAID FROM THE APPROPRIATIONS INDICATED ABOVE.</p> <p>_____ DATE</p> <p>_____ AUDITING BOARD</p> </div> </div>		

## INSTRUCTIONS

**DEPARTMENT OR AGENCY**—Indicate the department that received the services or supplies. Send one copy of the voucher properly completed to that department. Use a separate voucher for charges against each department.

**CLAIMANT'S NAME AND ADDRESS**—All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.

**TERMS**—Show any discounts that are allowed for prompt payment.

**PURCHASE ORDER NO.**—If a purchase order has been issued for the items charged on this voucher, show the number thereof.

**VENDOR'S REFERENCE NO.**—If the vendor requires a reference number, in order to identify the check in payment of this voucher, show such number.

**DESCRIPTION OF MATERIALS OR SERVICES**—All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach the form to this voucher.

**CLAIMANT'S CERTIFICATION**—The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc. Notary not required.

**DELIVERY RECEIPTS**—Where applicable attach delivery slips signed by the municipal employee receiving the materials.

**RETURN VOUCHER PROMPTLY**—In order to expedite payment this voucher should be returned promptly after the services have been rendered or the materials have been furnished.