

**VOUCHER**  
**TOWN OF MAINE**  
**BROOME COUNTY**  
P. O. Box 336  
Maine, New York 13802  
(607) 862-3334

(CLAIMANT - DO NOT  
WRITE IN THIS AREA)

VOUCHER  
NUMBER \_\_\_\_\_

DATE VOUCHER RECEIVED \_\_\_\_\_

FUND - APPROPRIATION	AMOUNT
<b>TOTAL</b>	
ENTERED ON ABSTRACT NO. _____	

DEPARTMENT                     GENERAL                    

CLAIMANT'S  
NAME  
AND  
ADDRESS

DETAILED INVOICES MAY BE ATTACHED, AND TOTAL ENTERED ON THIS VOUCHER.  
CERTIFICATION BELOW MUST BE SIGNED.

TERMS \_\_\_\_\_ PURCHASE  
ORDER NO. \_\_\_\_\_

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
(SEE INSTRUCTIONS ON REVERSE SIDE)				<b>TOTAL</b>	

**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 \_\_\_\_\_ TITLE \_\_\_\_\_  
(SPACE BELOW FOR MUNICIPAL USE)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_ AUDITING BOARD \_\_\_\_\_