

Town of Clayton Fire District
 Post Office Box 237
 Clayton, NY 13624-0237

P.O. Number

DO NOT WRITE IN THIS BOX

VOUCHER

Claimants
 Name
 And
 Address

TERMS:

Date Voucher Rec'd:		
FUND-APPOPRIATION	AMOUNT	
A5141 Ass't Chief's Fuel		
A5128 Cell Phone	20	00
TOTAL		
Abstract Number		
Vendor's Ref. No.		

DATES	CALL LOCATION	PURPOSE	TOTAL MILEAGE @.56	AMOUNT
		Cell Phone Reimbursement		20 00

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

DEPARTMENT APPROVAL <i>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</i>	APPROVAL OF PAYMENT This claim is approved and ordered paid from the appropriations indicated above.