PAYMENT VOUCHER

Hughsonville Fire District PO Box 545 Hughsonville, NY 12537	DO NOT WRITE IN THIS AREA TREASURER'S USE ONLY
Claimant's Name and Address	**Purchase Order Number:**
	Date Voucher Received:
	Date Entered in Computer:
	Date Voucher Audited:
	Check Number:
	Check Date:
	Check Amount: $
	Vendor Invoice Number:

Budget Line	Amount	Budget Line	Amount
	$		

Date	Qty	Description	Unit Price	Total Price
				$
			TOTAL	$

CLAIMANT'S CERTIFICATION

I, _____, certify that the above expenses in the amount of $ _____ is true and correct; that the items, services or disbursements charged were rendered to or for the Hughsonville Fire District on the dates specified; that no part of the above amount has been previously paid or satisfied; that the amount claimed is actually due.

_____ SS# or Federal ID #

_____ Signature and date

Payment Authorization