

PAYMENT VOUCHER

**Hughsonville Fire District
PO Box 545
Hughsonville, NY 12537**

**DO NOT WRITE IN THIS AREA
TREASURER'S USE ONLY**

Purchaser's Name:

Purchase Order Number:

Vendor:

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

\$

Purpose of Purchase: : New Equipment : Replacement Equipment : Equipment Repair/Maintenance
: Office Supplies : Standby : Emergency Call : Maintenance Supplies
: Drill : Contractual : Utilities : Vehicle Repair/Maintenance
: Training : Supplies : Other (explain): _____

Purchase complies with district quote policy: : Yes : No

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