VOUCHER

VILLAGE OF DOBBS FERRY 112 Main Street Dobbs Ferry, NY 10522

CHECK NUMBER_	
CLAIM NUMBER	

AUDITING BOARD

DATE VOUCHER RECEIVED

			FUND - APPROPRIATION		AMOUNT
DEPARTMENT		e			
1		1			
CLAIMANT'S		•			
NAME					
AND					
ADDRESS					
		e .			
. [/010E0 MAY DE		*		
		ATTACHED AND TOTAL ENTERED ON			
THE VOUCHE	R CERTIFICATION	ON BELOW MUST BE SIGNED.		TOTAL	
	VENDOR'S INVOICE QUANTITY AND DESCRIPTION OF MATERIALS OR SERVICES				
DATE			MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
	NUMBER				
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		PLEASE SIGN V	OUCHER		
		AND RETURN FO	R PAYMENT	TOTAL	
		CLAIMANT'S CERTIF	FICATION	•	
1.		, CERTIFY THAT THE ABOV	E ACCOUNT IN THE AMOUNT OF \$		IC TOUT
	T: THAT THE IT	EMS AND DISBURSEMENTS CHARGED WERE			IS TRUE
THAT NO PAR	THAS BEEN PA	ID OR SATISFIED; THAT TAXES, FROM WHIC	H THE MUNICIPALITY IS EVENDED A	DE NOT INCLUI	TE DATES STATED;
AMOUNT CLAII	MED IS ACTUAL	LY TRUE	THE MONICIPALITY IS EXEMPT, A	RE NOT INCLUL	DEU, AND THAT THE
		1			
DAT	E	SIGNATUR			TITLE
		(SPACE BELOW FOR MUNI			IIILE
	555				
	DEPA	RTMENT APPROVAL	APPROVAL F	OR PAYMENT	
he above services or materials were rendered or furnished to			This claim is approved and ordered paid from the		
he municipality on the dates stated and the charges correct.			appropriations indicated above.		
DATE	_	AUTHORIZED OFFICIAL	DATE	AUDIT	ING BOARD