

Town of Willsboro
 5 Farrell Road
 PO Box 370
 Willsboro, NY 12996
 Ph: 518-963-8668 Fax: 518-963-7488

VOUCHER

Abstract Number: _____

Voucher Number: _____

Check Number: _____

CLAIMANTS NAME AND ADDRESS			Entered Date:	
			Batch Number:	
DATE	INVOICE #	Description of Services & Materials	Amount	Debit Account (Office Use Only)
Total:				

CLAIMANT'S CERTIFICATION

I, _____, Certify that the above account in the amount of \$ _____
 (Claimants' Signature)

Date Signed _____ is true and correct; that the items, services and disbursements charged were rendered to or for the Town of Willsboro on the dates stated; that no part has been paid or satisfied; that taxes, from the municipality are exempt, are not included; and that the amount claimed is actually due.

Authorized Officials Approval -

The above services or materials were rendered or furnished to the Town of Willsboro on the dates stated and the charges are correct.

Date: _____ Authorized Officials Signature _____

