DEPARTMENT:_____

Claimant's Name and Address:

Fund - Appropriation	Amount
TOTAL	
Entered on Abstract No.	

Detailed invoices may be attached and total entered on this voucher. Certification below must be signed.

TERMS_____ Purchase Order No._____

Date	Vendor's Invoice No.	Quantity	Description of Materials or Services	Unit Price	Amount
				TOTAL	

CLAIMANT'S CERTIFICATION

I, _____certify that the above account in the amount of $_____is true and correct; that the items, services and reimbursements charged were rendered 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 claimedis actually due.

Date:_____ Signature:_____ Title:_____

DEPARTMENT APPROVAL

The above services or materials rendered or furnished to the municipality on the dates stated and charges are correct.

_____

Date Authorized Offiicial

REVIEWED FOR PAYMENT

_____ _____

_____ _____

_____ _____

_____ _____

Date Auditing Board