VOUCHER

TOWN OF BOSTON
8500 BOSTON STATE ROAD
BOSTON, NY 14025
Phone (716)-941-6113 Fax (716)-941-6116
www.townofboston.com

Purchase Order No.

DO NOT WRITE IN THIS BOX

Date Voucher Received

FUND - APPROPRIATION	AMOUNT
TOTAL	

VOUCHER NO.

CLAIMANT'S NAME AND ADDRESS

Terms

Vendor's Ref. No.

Dates	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 disbursements charged were rendered to 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 claimed is actually due.

DATE | SIGNATURE | TITLE

(Space Below for Municpal Use)

DEPARTMENT APPROVAL

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

DATE | AUTHORIZED OFFICIAL