TOWN OF RHINEBECK
80 EAST MARKET ST
RHINEBECK NY 12572
(845) 876-7952

Voucher No. _____

Do Not Write In This Box

Date Voucher Received	
FUND - APPROPRIATIONS	AMOUNT
ABSTRACT NO: TOTAL	

CLAIMANT'S
NAME
AND
ADDRESS

PO NUMBER

DATES	QUANTITY	DESCRIPTION	Rate/Item	AMOUNT
			TOTAL	

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 satisified; 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 Municipal Use

DEPARTMENT APPROVAL

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

DATE _____ AUTHORIZED OFFICIAL _____

APPROVAL FOR PAYMENT by Auditing Board

This claim is approved and ordered paid from the appropriations indicated above.

_____ _____

_____ _____

DATE _____