PURCHASE ORDER NO.

99 Tower Drive – Building A
Middletown, NY 10941-2026

DO NOT WRITE IN THIS BOX

Date Voucher Received:	Voucher No.	
FUND-APPROPRIATION	AMOUNT	
TOTAL		
Abstract No.		

Department

Claimant's Name & Address:

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 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 the amount claimed is actually due.

_____ _____ _____
DATE **SIGNATURE** **TITLE**

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

_____ _____
_____ _____
_____ _____
DATE AUDITING BOARD