City of Kingston

P.O. Box 1627
Kingston, NY 12402-0627
(845) 331-0080, Ext. 3937

VOUCHER

DATE ORDERED	VOUCHER NUMBER	VENDOR NUMBER
P.O. NUMBER	**REQUIRED SHIP DATE**	**BATCH NUMBER**

VENDOR

BILL TO

BUDGET APPROPRIATION	AMOUNT
TOTAL	

DATE	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 services and disbursements charged were rendered to or for the City of Kingston on the dates stated; that no part has been paid or satisfied; that taxes for which the City is exempt are not included; and that the amount claimed is actually due.

SIGNATURE TITLE DATE

SPACE BELOW FOR CITY USE

DEPARTMENT APPROVAL

The above services or materials have been rendered or furnished to the City of Kingston and received by us for the City. The charges are correct and do not exceed budgetary appropriation.

_____ _____

DATE AUTHORIZED OFFICIAL

APPROVED FOR PAYMENT

I hereby approve this claim and order it paid from the appropriations indicated above.

_____

_____