

**VISTA FIRE DEPARTMENT**  
**377 Smith Ridge Road – Route 123**  
**South Salem, NY 10590**  
 (914) 533-2727 (914) 533-2853 Fax

Purchase Order No.

Vendor's Ref. No.

**VOUCHER**

**DO NOT WRITE IN THE BOX BELOW**

Date Voucher Received:		
FUND – APPROPRIATION	AMOUNT	VOUCHER NO.
TOTAL		
Check No. <input type="text"/>		

Claimant's Name and Address

TERMS

Dates	Quantity	Description of Materials or Service	Unit Price	Amount
(See instructions on reverse side)			<b>TOTAL</b>	

**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 fire department on the dates stated; that no part has been paid or satisfied; that taxes, from which the fire department is exempt, are not included; and that the amount claimed is actually due.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE

**DO NOT WRITE IN THE BOX BELOW**

<p style="text-align: center;"><b>DEPARTMENT APPROVAL</b></p> <p>The above services or materials were rendered or furnished to the fire department on the above dates stated and the charges are correct.</p> <p>_____ DATE</p> <p>_____ AUTHORIZED OFFICIAL</p>	<p>This claimant is approved and ordered paid from the appropriations indicated above.</p> <p>_____ _____ _____ DATE</p> <p>_____ _____ _____ AUTHORIZED OFFICIAL</p>
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## INSTRUCTIONS

CLAIMANT'S NAME AND ADDRESS - All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.

TERMS - Show any discounts that are allowed for prompt payment.

PURCHASE ORDER NO. - If the vender requires a reference number, in order to identify the check in payment of this voucher, show such number.

DESCRIPTION OF MATERIALS OR SERVICES - All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service delivery; (2) quantities; (3) description of the charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach the form to this voucher.

CLAIMANT'S CERTIFICATION - The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., *sole owner, partner, treasurer, bookkeeper, billing clerk*, etc. Notary not required.

DELIVERY RECEIPTS - Where applicable attach delivery slips signed by the officer or employee receiving the materials.

RETURN VOUCHER PROMPTLY - In order to expedite payment this voucher should be returned after services have been rendered or the materials have been furnished.