

VISTA FIRE DISTRICT No.1
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)			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 fire district on the dates stated; that no part has been paid or satisfied; that taxes, from which the fire district 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;">DISTRICT APPROVAL</p> <p>The above services or materials were rendered or furnished to the fire district 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>_____ _____ _____ COMMISSIONERS</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.