

## PAYMENT VOUCHER

<b>Hughsonville Fire District</b> <b>PO Box 545</b> <b>Hughsonville, NY 12537</b>		<b>DO NOT WRITE IN THIS AREA</b> <b>TREASURER'S USE ONLY</b>	
<u>Claimant's Name and Address</u>    		<b>Purchase Order Number:</b> 	
		<b>Date Voucher Received:</b> 	
		<b>Date Entered in Computer:</b> 	
		<b>Date Voucher Audited:</b> 	
		<b>Check Number:</b> 	
		<b>Check Date:</b> 	
		<b>Check Amount: \$</b> 	
		<b>Vendor Invoice Number:</b> 	
<b>Budget Line</b>	<b>Amount</b>	<b>Budget Line</b>	<b>Amount</b>
	\$		
<b>Date</b>	<b>Qty</b>	<b>Description</b>	<b>Unit Price</b>
			\$
<b>TOTAL</b>			\$
<b><u>CLAIMANT'S CERTIFICATION</u></b>			
<p>I, _____, certify that the above expenses in the amount of \$ _____ is true and correct; that the items, services or disbursements charged were rendered to or for the Hughsonville Fire District on the dates specified; that no part of the above amount has been previously paid or satisfied; that the amount claimed is actually due.</p>			
_____ SS# or Federal ID #		_____ Signature and date	
<b><u>Payment Authorization</u></b>			