TOWN OF COEYMANS 2524 US Route 9W RAVENA, NEW YORK 12143
FUND: DEPARTMENT:

VOUCHER #
ABSTRACT #
VENDOR ID #
CHECK DATE
CHECK #

Please do not write in these boxes

Account		Amount	
	Total		

Name Address

Date	Invoice #	Description of Services	Unit Price	Amount

I _____ certify that the above in the amount of: _____
is true and correct: that the items, services and disbursements charged were rendered to or for the Town of Coeymans on the dates stated: that no part has been paid or satisfied: that taxes from which the Town of Coeymans is exempt are not included and that the amount claimed is actually due.

_____ _____ _____

Date Signature Title

Department Approval The above service 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 and ordered paid from the appropriations indicated above.