Print Form

Standard Voucher

Town of Wilton

Comptroller's Office

22 Traver Road
Gansevoort, NY 12831
Tax ID# 14-6002509

(518)587-1939
Fax (518)587-2837
bookkeeper@townofwilton.com
www.townofwilton.com

Claimant's Name and Address

For Town use only

Voucher number:	
Date voucher received:	
Fund Appropriation	**Amount**
TOTAL:	

Detailed invoices must be attached, totals entered and the certification must be signed for the Town to pay this voucher.

Purchase Ordrer #

Date	Invoice #	Qty	Description of Materials and Services	Unit Price	Amount
				TOTAL:	

Claimant's Certification

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

Date _____ Signature _____ Title _____

Space below for municipal use

Departmental Approval

The services 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.

Date Comptroller