

# VOUCHER

VOUCHER  
NUMBER \_\_\_\_\_

## INCORPORATED VILLAGE OF LAUREL HOLLOW

1492 Laurel Hollow Road  
Syosset, NY 11791

Phone 516 692-8826 Fax 516 692-4198

CLAIMANT'S  
NAME  
AND  
ADDRESS

FUND – APPROPRIATION	AMOUNT
<b>TOTAL</b>	
<b>ENTERED ON ABSTRACT #</b>	

DETAILED INVOICES MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER – CERTIFICATION BELOW MUST BE SIGNED

DATE	VENDORS INVOICE #	QUANTITY / DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
<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 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)

#### DEPARTMENT APPROVAL

The above 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ AUDITING BOARD