A/P Invoice Voucher

TOWN OF ORLEANS
PO Box 103
LaFargeville NY 13656

Claimant's Name and Address

Fund - Appropriation	Amount
Total	

Dates	Description of Services	Invoice #	Amount
		TOTAL	

I _____ certify that the above account in the amount of _____ **Invoice Total:** _____

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 _____ Authorized Signature _____ Title _____

Departmental Approval

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

Date _____ Authorized Offical _____

Approval for Payment

Date: _____ Signature: _____
Date: _____ Signature: _____
Date: _____ Signature: _____

Date: _____ Signature: _____