VILLAGE OF ALDEN VOUCHER

13336 Broadway Alden, NY 14004-1394 Ph 937-9216 Fax 937-8936

Purchase Order No._____

DO NOT WRITE IN THIS BOX BELOW

Department_____

CLAIMANT'S NAME and ADDRESS	Date Voucher Received			Voucher No.
	FUND-APPROPRIATION	AMOUNT		
	TOTAL			
	Abstract No.			

Terms_____ **Invoice No.**_____

_Dates	Quantity	Description of Materials or Services	Unit Price		Amount	
			TOTAL			

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 the amount claimed is actually due.

Date_____Signature_____ Title _____

(Do Not Write in Area Below Municipal Use Only)

JUSTIFICATION OF PURCHASE
DEPARTMENTAL APPROVAL

_____ Purchase Contract _____ Competitive Bid
_____Public Works Contract _____No Bid Required

Reason for Decision _____ Under $10,000 _____Under $20,000
Estimate amount of this purchase _____
Estimate amount of annual purchase _____

_____**A.** _____**B.** _____**C.** _____**D.**

Explanation if necessary _____
_____
_____

Authorization_____ ___date_____

Approval of Payment
This claim is approved and ordered paid from the appropriations indicated

Check#_____ Claim#_____ Date Paid_____