Town of Westport 22 Champlain Avenue P.O. Box 465	DO NOT WRITE IN THIS AREA No. Date Voucher Received
Westport, NY 12993-0465 Phone (518) 962-4419 Fax (518) 962-2098	Fund - Appropriation Amount
ent	
's d	
	Total → ENTERED ON ABSTRACT NO.

Detailed invoices may be attached and total entered on this voucher. Certification below MUST BE SIGNED.

Department

Claimant's name and address

DATE	VENDOR'S INVOICE	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
	Total				

VOUCHER

CLAIMANT'S CERTIFICATION

I, ______, certify that the above 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	Signatur	re Title	
Depar	tment Approval	Town Board Approval For Payment	
The above services or materials were rendered or furnished to the municipality on dates stated and the charges are correct.		This claim is approved and ordered paid from the appropriations indicated above.	
Date	Authorized Official		