

TOWN of WEST SENECA

1250 UNION ROAD
WEST SENECA, NEW YORK 14224
716-674-5600

Check Number

VOUCHER

ACCOUNT DISTRIBUTION		VOUCHER NO.
ACCOUNT CODE	AMOUNT	PAYMENT DATE
	\$.	PURCHASE ORDER NO.
	.	VENDOR NO.
	.	VENDOR NAME and ADDRESS:
	.	
	.	
TOTAL	\$.	

ITEM	QUANTITY	INVOICE NOS. and DESCRIPTION	UNIT PRICE	TOTAL
TOTAL				

CERTIFICATIONS and APPROVALS

VENDOR	DEPARTMENT HEAD	COMPTROLLER
<p>_____ do hereby certify that the items of the foregoing account are true and correct; that the goods or services charged above were in fact furnished or rendered at the time therein stated; and that no part thereof has been paid or satisfied by the Town of West Seneca and that there is no counterclaim against same.</p> <p style="text-align: center;">_____ Signature Date</p>	<p style="text-align: center;">In my opinion the items listed above have been received in good condition and the above services have been rendered and are a proper charge against the Town of West Seneca and that the total amount is correct.</p> <p style="text-align: center;">_____ Signature Date</p>	<p style="text-align: center;">This voucher has been reviewed and found in order for submission on the Town warrant.</p> <p style="text-align: center;">_____ Signature Date</p>