

Town of West Seneca
1250 Union Road
West Seneca, New York 14224

CHECK NUMBER

VOUCHER

ACCOUNT DISTRIBUTION			
ACCOUNT CODE	AMOUNT	VOUCHER NO.	
01906000.50807		PAYMENT DATE	
02906000.50807		VENDOR NO.	
05050000.50807		VENDOR NAME AND ADDRESS:	

YEAR	NAME	FROM - TO	# OF MONTHS	TOTAL AMOUNT

CERIFICATIONS and APPROVALS

RETIREE		FINANCE DEPARTMENT
<p>I _____ 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>ATTACH PROOF OF MEDICARE PART B EXPENSE (SSA 1099)</p> <p>PLEASE CHECK (X) ONE:</p> <p>WHITE COLLAR _____</p> <p>BLUE COLLAR _____</p> <p>POLICE _____</p> <p>RETIREMENT DATE: _____</p>	<p>This voucher has been reviewed and found in order for submission on the Town warrant.</p>
SIGNATURE DATE		SIGNATURE DATE