

Town of West Seneca

1250 Union Road
 West Seneca, New York 14224
 (716) 674-5600

VOUCHER

Account Distribution		Voucher Number	
Account Code	Amount	Payment Date	
		Vendor Number	
		Vendor Name & Address	
	Total \$		

Invoice Date	Invoice No.	Description	Price
TOTAL \$			

_____ *Certifications and Approvals* _____

Vendor	Department Head	Finance
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 the same.	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.	This voucher has been reviewed and found in order for submission on the Town warrant.
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____