## **VILLAGE OF FONDA**



## **FAXED:**

Signed voucher MUST be received by 10:00 a.m. the first WEDNESDAY of the month to be considered for payment approval. SIGN AND RETURN TO FAX: 518-853-4555 or email: villageclerk@villageoffonda.ny.gov

CHASE ORDER	R No	Date received			
	VOUCHER	<u></u>	DO	NOT WRITE IN TH	IIS
		FUND-APPROPRIATION		AMOUNT	
	:				
Claimant's					
address					Ì
			TOTAL		
		ABSTRACT No.			
	· · · · · · · · · · · · · · · · · · ·				
Date	Quantity Description of Materials or Services		Unit Pric	e Amou	ınt
		TOTAL			
	Claimant's Certificati			I	
	, certify that the above account in the	e amount of \$is tru	ie and		
	s, services and disbursements charged were rendered to or for the municipality on	the dates stated; that no part has		r satisfied, that taxe	es,
; that the item					
	y is exempt, are not included, and that the amount claimed is actually due.				
	y is exempt, are not included, and that the amount claimed is actually due.				

Please be aware: NYS mandates all contractors provide a certificate of insurance proof of workers compensation coverage EACH time you perform services or payment for services may be withheld.

DEPARTMENT APPROVAL	APPROVAL FOR PAYMENT	
The above services or materials were rendered or furnished to	This claim is approved and ordered paid from the	
the municipality on the dates and the charges are correct	appropriations indicated above	
DATE AUTHORIZED OFFICIAL		

## **INSTRUCTIONS**

DEPARTMENT OR AGENCY: Indicate the department that received the services or supplies. Send one copy of the voucher properly completed to that department. Use a separate voucher for charges against each department.

CLAIMANT'S NAME AND ADDRESS: All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.

TERMS: Show any discounts that are allowed for prompt payment.

PURCHASE ORDER NO. If a purchase order has been issued for the items charged on this voucher, show the number thereof.

VENDORS REFERENCE NO. If the vendor requires a reference number, in order to identify the check in payment of this voucher, show such number.

DESCRIPTION OF MATERIALS OR SERVICES: All charges must be itemized. In the space provided in the body of the voucher show where applicable: 1. Dates of service or delivery; 2. Quantities; 3. Description of charges; 4. Unit price; 5. Amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher. Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total amount column. Attach the form to this voucher.

CLAIMANT'S CERTIFICATION: The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g. sole owner, partner, treasurer, bookkeeper, billing clerk, etc.

DELIVERY RECEIPTS: Where applicable attach delivery slips signed by the municipal employee receiving the materials.

RETURN VOUCHER PROMPTLY: In order to expedite payment this voucher should be returned promptly after the services have been rendered or the materials have been furnished.