DATE PAID _____

CHECK # _____

VENDOR _____

AMOUNT _____

PO # _____

VOUCHER # _____

TOWN OF NEW WINDSOR VOUCHER

TOWN OF NEW WINDSOR
555 UNION AVENUE
NEW WINDSOR, NY 12553
ACCOUNTS PAYABLE: 845-563-4624

TO: _____

DATE: _____

Invoice Date	Invoice # and/or Description	Amt Claimed	Amt Allowed
	TOTAL DUE		

STATE OF NEW YORK)
) ss:
TOWN OF NEW WINDSOR)

I hereby certify that the items of this account are correct; that the disbursements and services charged therein have in fact been made and rendered, and that no part thereof has been paid or satisfied, that the amount herein mentioned is in full settlement for all services rendered and materials furnished.

_____
SIGNATURE