



City of Kingston

P.O. Box 1627
 Kingston, NY 12402-0627
 (845) 331-0080, Ext. 3937

VOUCHER

DATE ORDERED	VOUCHER NUMBER	VENDOR NUMBER
P.O. NUMBER	REQUIRED SHIP DATE	BATCH NUMBER

BUDGET APPROPRIATION	AMOUNT
TOTAL	

VENDOR [_____]

BILL TO [_____]

DATE	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE		AMOUNT	
			TOTAL			

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of \$ _____ is true and correct; that the services and disbursements charged were rendered to or for the City of Kingston on the dates stated; that no part has been paid or satisfied; that taxes for which the City is exempt are not included; and that the amount claimed is actually due.

SIGNATURE	TITLE	DATE
SPACE BELOW FOR CITY USE		

DEPARTMENT APPROVAL

The above services or materials have been rendered or furnished to the City of Kingston and received by us for the City. The charges are correct and do not exceed budgetary appropriation.

APPROVED FOR PAYMENT

I hereby approve this claim and order it paid from the appropriations indicated above.

 DATE AUTHORIZED OFFICIAL

