Monroe Joint Fire District

406 North Main Street
Monroe, NY 10950

845-395-0075 845-395-0077

VOUCHER

Do not write in this box

Tax Exempt # 27-3191886

Date Voucher Received ___/___/_____

Fund Appropriation	Amount

Check# _____ ___/___/_____

Claimant's Name & Address

Reference Purchase Order No.
Special Instruction(s):

Date	Quantity	Unit	Description	Price	Total

Total Due

COMPLETE CLAIMANT'S CERTIFICATION & RETURN WITH INVOICE FOR PAYMENT

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

___/___/_____ _____ _____ _____

Signature Title Employer ID or S.S.N.

Official's Approval

The above services or materials were rendered or furnished to the Fire District on the dates stated and the charges are correct.

_____
Signature

___/___/_____
Title Date

This claim is approved and ordered paid from the appropriations indicated above by the following Auditing Board Officials.

_____

_____ _____
Signature/Date Signature/Date