VOUCHER

DEPARTMENT_____

ABSTRACT #_____

VOUCHER #_____

Town of Lee

PO Box 191, Lee Center, NY 13363
Phone 315-336-3438 Fax 315-336-7538
Mortsa@leetownhall.com
http://townofleeny.org

CLAIMANT'S NAME & ADDRESS

PLEASE ATTACH DETAILED INVOICE

DATE	INVOICE #	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	LINE TOTAL

TOTAL

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

DATE _____ SIGNATURE _____ TITLE _____

SPACE BELOW FOR MUNICIPAL USE

APPROVAL FOR PAYMENT

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

Authorized by *Date*