### V O U C H E R

#### DEPARTMENT

#### CLAIMANT'S NAME AND ADDRESS

<table>
<thead>
<tr>
<th>Dates</th>
<th>Quantity</th>
<th>Description of Materials or Service</th>
<th>Unit Price</th>
<th>Amount</th>
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</thead>
<tbody>
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</table>

**TOTAL**

#### TERMS

#### Vendor's Ref. No

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 included; and that the amount is actually due.

**DATE**

**SIGNATURE**

**TITLE**

(Do not Write in Space Below - For Municipal Use Only)

#### DEPARTMENT APPROVAL

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

**DATE**

**AUTHORIZED OFFICIAL**

#### APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

**DATE**

**AUDITING BOARD**