

# Voucher

**Village of Medina**  
119 Park Avenue, Medina, NY 14103

Department \_\_\_\_\_

Claimant's  
Name  
and  
Address

DETAILED INVOICES MAY BE ATTACHED, AND  
TOTAL ENTERED ON THIS VOUCHER.  
CERTIFICATION BELOW MUST BE SIGNED.

(CLAIMANT- DO NOT WRITE IN THIS AREA)

**Voucher Number** \_\_\_\_\_

Date Voucher Received \_\_\_\_\_

Fund - Appropriation	Amount
Total:	
Entered on Abstract Number:	

Terms

Purchase Order Number

Date	Vendor's Invoice Number	QTY	Description of Materials or Services	Unit Price	Amount
				Total:	

**Claimant's Certification**

I, \_\_\_\_\_, certify that 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 claimed, is actually due.

\_\_\_\_\_

Date
Signature
Title

(Space Below for Municipal Use)

**Departmental 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 Signature

**Approval for Payment**

See Village of Medina Authorization for Payment Cover Sheet