

# VILLAGE OF ALDEN VOUCHER

13336 Broadway Alden, NY 14004-1394 Ph-716-937-9216  
 Department \_\_\_\_\_ Fax: 716-937-8936

Purchase Order No. \_\_\_\_\_  
**DO NOT WRITE IN THIS BOX BELOW**

CLAIMANT'S NAME and ADDRESS	Date Voucher Received		Voucher No.
	FUND-APPROPRIATION	AMOUNT	
<b>TOTAL</b>			
Abstract No.			

Terms \_\_\_\_\_ Invoice No. \_\_\_\_\_

_Dates	Quantity	Description of Materials or Services	Unit Price	Amount
<b>TOTAL</b>				

### CLAIMANT'S CERTIFICATION

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 the amount claimed is actually due.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

*(Do Not Write in Area Below Municipal Use Only)*

<b>JUSTIFICATION OF PURCHASE</b> DEPARTMENTAL APPROVAL  Reason for Decision _____ Under \$10,000 _____ Under \$20,000 Estimate amount of this purchase _____ Estimate amount of annual purchase _____  ___ A. ___ B. ___ C. ___ D.  Explanation if necessary _____ _____ _____	_____ Purchase Contract      _____ Competitive Bid _____ Public Works Contract      _____ No Bid Required  Authorization _____ date _____  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Approval of Payment</b>                      This claim is approved and ordered paid from the appropriations indicated                       Check# _____ Claim# _____ Date Paid _____                 </div>
---	---