VOUCHER FOR PAYMENT

Town of Oswego Fire District
640 County Route 20
Oswego, NY 13126
315-343-2030

Claimant information - Name & Address

Voucher # assigned : _____

Date processed: _____

Funds appropriation	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Credit Card holder _____

Invoice number: _____

Person making purchase: _____

Date	Quantity	Description	Unit Price	Total Amount
			TOTAL	

I, _____ certify that the above information is true and correct, that the items, services and disbursements charged were rendered to or for the Town of Oswego Fire District. I certify that taxes, from which the municipality is exempt, are not included and that the amount claimed is actually due.

_____	_____	_____
Date	Signature	Title/Position

Department Approval
The above services or materials were rendered or furnished to the Town of Oswego Fire District as stated and the charges are correct.

_____
Chief or designee

District Approval
This claim has been approved by the Board of Fire Commissioners for payment.

_____
Board of Fire Commissioners representative