Village of Cambridge

56 NORTH PARK STREET
P.O. Box 271
Cambridge, NY 12816
EMAIL: clerk@cambridgeny.gov
(518)677-2622

VOUCHER

(CLAIMANT-DO NOT WRITE IN THIS AREA)	VOUCHER N0. _____
DATE VOUCHER RECEIVED _____	

FUND - APPROPRIATION	AMOUNT
TOTAL ----------	
ENTERED ON ABSTRACT NO.	

DEPARTMENT _____

CLAIMANT'S NAME AND ADDRESS

TERMS _____

	Invoice #:	Unit Price	Amount
		TOTAL	

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of $ _____, is true and correct; that the intems, services and disbursements charged were rendered to or for the Village of Cambridge 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 Approvel

The above services or materials were rendered or furnished to the Village 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