For Town Use Only

Date Paid: _____
Check No: _____
Vendor: _____
Amount: _____
PO No.: _____

Scan Date: _____
Scanned to: _____

TOWN OF NEW WINDSOR VOUCHER

Town of New Windsor
555 Union Avenue
New Windsor, NY 12553
Phone: (845) 563-4617
Accountspayable@newwindsor-ny.gov

Payable to: _____

Date: _____

Invoice Date	Invoice #	Description	Amount Claimed	Amount Allowed
Total Due			**$**	**$**

STATE OF NEW YORK)
) ss:
TOWN OF NEW WINDSOR)

I hereby certify that the items of this account are correct; that the disbursements and services charged therein have in fact been made and rendered, and that no part thereof has been paid or satisfied, that the amount herein mentioned is in full settlement for all services rendered and materials furnished.

_____
Signature