

TOWN OF NEW WINDSOR

Date Paid: _	
Check No: _	
Vendor:	
Amount:	
PO No.:	
Vch No.:	
Scan Date: _	0.004004 Aug 10.00
Scan to:	

TOWN OF NEW WINDSOR VOUCHER

Town of New Windsor 555 Union Avenue New Windsor, NY 12553 Accounts Payable: (845) 563-4624		То:		
		Date:		
Invoice Date	Invoice #	Description	Amount Claimed	Amount Allowed
Total Due			\$	\$
Total Due			3	Φ
STATE OF NEW	YORK) ss:			

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		