FORM NO. AC-1

CITY OF NEWBURGH BUREAU OF AUDIT AND CONTROL
83 BROADWAY
NEWBURGH, NEW YORK

VOUCHER

SPACE BELOW FOR CITY USE

PURCHASE ORDER NO.	
DATE RECEIVED	
FUND AND APPROP. CHARGED	AMOUNT
TOTAL	
VERIFIED	POSTED
	APPN / CE

VOUCHER NO.

CHECK No. _____

DATE PAID _____

CLAIMANT'S NAME AND ADDRESS

TERMS _____

CLAIMANT'S INVOICE# _____

DATE	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
			TOTAL:	

CLAIMANT'S CERTIFCATION

I,_____, CERTIFY THAT THE FOREGOING ACCOUNT IN THE AMOUNT OF $_____ IS TRUE AND CORRECT: THAT THE SERVICES AND DISBURSEMENTS CHARGED THEREIN WERE RENDERED TO OR FOR THE CITY OF NEWBURGH ON THE DATES STATED; THAT NO PART THEREOF HAS BEEN PAID OR SATISFIED; AND THAT THE AMOUNT CLAIMED IS ACTUALLY DUE..

DATE | AUTHORIZED SIGNATURE | TITLE | FEDERAL ID OR SOCIAL SECURITY # (9 DIGITS)

SPACE BELOW FOR CITY USE

DEPARTMENT APPROVAL

THE ABOVE SERVICES OR MATERIALS HAVE BEEN RENDERED OR FURNISHED TO THE CITY OF NEWBURGH AND THE CHARGES ARE CORRECT.

DATE **AUTHORIZED OFFICIAL**

APPROVED FOR PAYMENT

I HEREBY APPROVE THIS CLAIM AND ORDER IT PAID FROM THE APPROPRIATIONS INDICATED ABOVE.

DATE **COMPTROLLER OR CITY MANAGER**