

# VOUCHER FOR PAYMENT

## Town of Oswego Fire District

640 County Route 20  
 Oswego, NY 13126  
 315-343-2030

Vendor Information – Name & Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Voucher # assigned: \_\_\_\_\_

Date processed: \_\_\_\_\_

Funds appropriation	Amount
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_____	_____
_____	_____
_____	_____
_____	_____

Credit Card Holder \_\_\_\_\_

Date entered in Quick Books: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Paid with District CC

Auto. Deduction

Person making purchase: \_\_\_\_\_

Pay with District check

Other: \_\_\_\_\_

Date	Quantity	Description	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

\_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_