OWN, JEW-YORK 1784

DEPARTMENT

CLAIMANT'S
NAME & ADDRESS

TOWN VOUCHER

TOWN OF STEPHENTOWN 26 GRANGE HALL ROAD STEPHENTOWN, NY 12168

VOUCHER NUMBER:	
DATE VOUCHER RECEIVED:	
FUND - APPROPRIATION	AMOUNT
Т	OTAL

DATE	VENDOR'S INVOICE NO.	DESCRIPTION OF MATERIALS OR SERVICES	QTY.	Unit Price	Amount
				Total	\$

CLAIMANT'S CERTIFICATION

]	I,, certify that the above account in the amount of \$	_ is true and correct; that
1	the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that	no part has been paid or
9	satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actua	ally due.

DATE	SIGNATURE			TITLE	
	(FOI	R MUNIC	TIPLE USE ONLY)		
Department A	PPROVAL		Appro	OVAL FOR PAYMENT	
The above services or mater furnished to the municipality the charges are correct.		This claim is approved and ordered paid from the appropriations indicated above.			
		<u>-</u>	DATE	SIGNATURE	
DATE	SIGNATURE	-	DATE	SIGNATURE	

CLERK	DATE AUDITED//	AMOUNT: \$	CHECK NO.	CLAIMANT	VOUCHER NO. 20	OFFICIAL USE ONLY
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PLEASE ATTACH INVOICES/RECEIPTS TO VOUCHER AND HAVE DEPARTMENT APPROVAL BEFORE SUBMITTING TO TOWN CLERK. ALL VOUCHERS MUST BE SUBMITTED NO LATER THAN THE PROVIDED DATES BELOW OTHERWISE THEY WILL BE SUBMITTED FOR THE FOLLOWING MONTH:

January 9th, 2026

February 6th, 2026

March 6th, 2026

April 10th, 2026

May 8th, 2026

June 5th, 2026

July 10th, 2026

August 7th, 2026

September 4th, 2026

October 9th, 2026

November 6th, 2026

December 4th, 2026

Due to having NO Reconciliation Meeting bills are due to the Town Clerk's Office the Friday BEFORE the meeting is scheduled.

Vouchers can be mailed or delivered to: Town Clerk, 26 Grange Hall Road, Stephentown, NY 12618 OR Emailed to townclerk@townofstephentown.org

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT THE STEPHENTOWN TOWN CLERK.