



ARLINGTON FIRE DISTRICT

11 Burnett Boulevard, Poughkeepsie, New York 12603
845-486-6300 fax 845-486-6322

VOUCHER

Purchase Order Number: _____

<p><i>CLAIMANT NAME AND ADDRESS</i></p>

DO NOT WRITE IN THIS BOX		
Date Voucher Received		VOUCHER #
FUND - APPROPRIATION	AMOUNT	
Total		
Abstract No.		

Terms: _____ Vendor's Reference Number: _____

Date	Quantity	Description of Materials or Services	Unit Price	Amount
The Arlington Fire District is exempt from federal, state and local sales tax / see reverse side for instructions			TOTAL	

CLAIMANT CERTIFICATION:

I, _____, certify that the above account in the amount of \$ _____ is true and correct; that items, services and disbursements charged were rendered to or for the Arlington Fire District on the stated dates; that no part has been paid or satisfied; that no taxes, from which the Fire District is exempt, are not included; and that the amount claimed is actually due.

FOR AFD TRAVEL EXPENSE ONLY: The undersigned acknowledges that he/she has read and understands AFD #25 rules and regulations relating to expense reimbursement. INITIAL BOX TO THE RIGHT

_____ Date _____ Signature _____ Title

FOR DISTRICT USE ONLY	
APPROVAL: The above services or materials were rendered or furnished to the Fire District on the dates stated and the charges are correct.	AUDIT & APPROVAL FOR PAYMENT: The claim is approved and ordered paid from the appropriations indicated above.
<p>_____</p> <p style="text-align: center;">Date Authorized Official</p>	<p>_____</p> <p style="text-align: center;">Date Auditing Board</p>

INSTRUCTIONS

CLAIMANT'S NAME AND ADDRESS: All claimants must print or typewrite their name and address in the space provided for that purpose. The check will be drawn in that name and mailed to that address.

TERMS: Show any discounts that are allowed for prompt payment.

PURCHASE ORDER NUMBER: If a purchase order has been issued for the items charged on this voucher, show the number thereof.

VENDOR'S REFERENCE NUMBER: If the vendor requires a reference number in order to identify the check in payment of this voucher, show such a number.

DESCRIPTION OF MATERIALS OR SERVICES: All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill form may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach this form to this voucher.

CLAIMANT'S CERTIFICATION: The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc. Notary is not required.

DELIVERY RECEIPTS: Where applicable, attach delivery slips signed by the officer or employee receiving the materials.

RETURN VOUCHER PROMPTLY: In order to expedite payment, this voucher should be returned promptly after the services have been rendered or the materials have been furnished.

FOR AFD TRAVEL EXPENSE ONLY: AFD member must initial the box indicating that he/she have read and understands AFD Rules and Regulations #25 relating to expense reimbursement.