GENERAL FUND VOUCHER

(607) 274-6580
FAX (607) 272-7348

CITY OF ITHACA

108 EAST GREEN STREET
ITHACA, NEW YORK 14850

P.O. Number

DO NOT WRITE IN THIS BOX

FUND-APPROPRIATION		CHECK #
TOTAL	**$ -**	

DEPARTMENT

CLAIMANT'S NAME AND ADDRESS

TERMS

VENDOR'S REF. NO.

DATES	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
		(SEE INSTRUCTION ON REVERSE SIDE)	**TOTAL**	**$ -**

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

DATE **SIGNATURE** **TITLE**

(SPACE BELOW FOR MUNICIPAL USE)

DEPARTMENTAL APPROVAL	AUDIT STAMP	PAID STAMP
The above services or materials were rendered to or furnished to the City of Ithaca on the dates stated and the charges are correct.		
DEPARTMENTAL HEAD		
APPROVAL FOR PAYMENT		
This claim is approved and ordered paid from the appropriations indicated above.		
CITY CONTROLLER		