

VILLAGE OF ELMSFORD

15 South Stone Avenue
 Elmsford, NY 10523
 (914) 592-6555

STANDARD VOUCHER

Payee Name:	VENDOR #
Address:	
	CODES:
City, State ZIP:	
PAYMENT TERMS:	INVOICE #

P.O.#	Date	QTY.	ITEM DESCRIPTION	PRICE EACH	TOTAL

PAYEE CERTIFICATION:

I certify that the above bill is just, true and correct that no part thereof has been paid, except as stated, and that the balance is actually due and owing.

Sub Total:	
Disc/Credit:	
Total Amount	

By: _____
 Date Authorized Signature Title

PAYER CERTIFICATION:

I certify that this voucher is correct, just, and payment is approved.

By: _____
 Date Authorized Signature Title Department

APPROVED BY: Board of Trustees

Mayor Robert Williams	
Edward Rush	
Sydney Henry	
Michael Eannazzo	
Raymond Cordi	