BOARD OF FIRE COMMISSIONERS

Demo Fire District
5 Elmont Lane
East Northport, NY 11731
(631)493-0068

VOUCHER

0610081219 37

Do not write in this box

Tax Exempt #

Date Voucher Received ___/___/_____

Fund Appropriation | Amount

Check# _____ ___/___/_____	

Claimant's Name & Address

RUSCON TRUCK
290 ROUTE 9W
P.O. BOX 289
CONGERS, NY 10920-0289

Reference Purchase Order No. 2006 - 568 C

Special Instruction(s):

Date	Quantity	Unit	Description	Price	Total
			Claimant's Tele:845-268-4444 Fax:845-268-4597		

Total Due

COMPLETE CLAIMANT'S CERTIFICATION & RETURN WITH INVOICE FOR PAYMENT

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

___/___/_____ _____ _____ _____

Signature Title Employer ID or S.S.N.

Official's Approval

The above services or materials were rendered or furnished to the Fire District on the dates stated and the charges are correct.

_____

Signature

___/___/_____

Title Date

This claim is approved and ordered paid from the appropriations indicated above by the following Auditing Board Officials.

_____

_____ _____

Signature/Date Signature/Date

_____ _____

Signature/Date Signature/Date