

TOWN OF LYME
 PO BOX 66
 CHAUMONT, NY 13622

DO NOT WRITE IN THIS BOX

Voucher

Claimant's
 Name
 and
 Address

Date Voucher Received	Voucher No. _____		
FUND			
Total			
Abstract No. _____	Check No. _____		

Terms:

Vendor's Reference No. _____

		Total		

Claimant's Certification No Longer Required by Town Board Resolution 2002-75, May 8, 2002

<p style="text-align: center;">DEPARTMENT APPROVAL</p> <p>THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE MUNICIPALITY ON THE DATES STATED AND THE CHARGES ARE CORRECT.</p>	<p style="text-align: center;">TOWN BOARD APPROVAL FOR PAYMENT</p> <p style="text-align: center;">THIS CLAIM IS APPROVED AND ORDERED PAID</p> <p>FROM THE APPROPRIATIONS INDICATED ABOVE BY TOWN BOARD RESOLUTION # _____ DATED: _____</p>
<p>DATE _____ AUTHORIZED OFFICIAL _____</p>	<p>TOWN CLERK: _____</p>