

Ballston Area Recreation Commission

61 Eastern Ave. Ballston Spa, NY 12020 (518) 885-1634

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DO NOT WRITE IN THIS BOX				
Date Voucher Received				
Fund Appropriation	Amount			
P.O. #				
Abstract No.				

Department:	
Claimant's	
Name	
And	
Address	

Check No.:

Date(s)	Quantity	Unit Price	Amount
		Total	

Claimant's/Program Director's Certification

l,	certify that the above amount of \$		
	vices and disbursements charges were render en paid or satisfied; and that the amount clain		
Date	Signature	Title	

SPACE BELOW FOR OFFICE USE

Executive Director Approval		Board Approval*	
The above services ormaterials were rendered or furnished to		This claim is approved and ordered paid	
		from the appropriations indicated above.	
Date	Executive Director	Date	Board Chairman

^{*} Not necessary for staff voucher payments