BARC

Ballston Area Recreation Commission

61 Eastern Avenue • Ballston Spa, New York 12020 • (518) 885-1634

Voucher No. _____

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

I, _____ certify that the above amount of $ _____ is true and correct; that the items, services and disbursements charges were rendered to or for BARC on the dates stated; that no part has been paid or satisfied; and that the amount claimed is actually due.

Date Signature Title

SPACE BELOW FOR OFFICE USE

Executive Director Approval

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

Date Executive Director

Board Approval*

This claim is approved and ordered paid from the appropriations indicated above.

Date Board Chairman

** Not necessary for staff voucher payments*