



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

Department: _____

**Claimant's
 Name
 And
 Address**

DO NOT WRITE IN THIS BOX		
Date Voucher Received:		
Program	Amount Paid	
Date Paid		
Online or check		
Check No:		

Date(s)	Quantity		Unit Price		Amount	
			Total			

Claimant's/Program Coordinator'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

<p align="center"><i>Executive Director Approval</i></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 align="center"><i>Board Approval*</i></p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p>
<div style="display: flex; justify-content: space-between;"> Date Executive Director </div>	<div style="display: flex; justify-content: space-between;"> Date Board Chairman </div>

* Only necessary for purchases not in the approved budget over \$500.

