# VOUCHER

# WEST VALLEY TEACHERS ASSOCIATION

**West Valley Central School**
**5359 School Street, P.O. Box 290**
**West Valley, NY 14171**

Check Payable To: _____

and _____

Address _____

Detailed invoices may be attached and totals entered below. *Certifications below must be signed.*

| Date | Invoice Number | Description of Materials or Services | Unit Price | Amount |
|---|---|---|---|---|
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| | | | | |
| | | | | |
| | | | | |
| **TOTAL** | | | | |

**Treasurer's Use Only**

| FUND APPROPRIATION | Check # | Check Amount |
|---|---|---|
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**CLAIMANT'S CERTIFICATION**

I,_____, certify that the materials and/or services above in the amount of $_____have been actually performed for, furnished, and/or delivered to the WVTA, that the charges therefore are true and just, and that no payments have been made except as included therein.

_____ _____ ___/___/_____

**Signature of Claimant** **Title** **Date**

**APPROVAL FOR PAYMENT: This claim is approved and ordered paid from the fund indicated above**

_____ _____

Signature of Authorized Executive Committee Member Signature of Authorized Executive Committee Member