

TOWN OF PINEDALE, WY

DISBURSEMENT VOUCHER

P.O. BOX 709

PINEDALE, WYOMING 82941

CLAIMANT: _____

ADDRESS: _____

INVOICE DATE: _____

FUND/ACCT #	AVAIL. BUDGET	ITEMIZED DESCRIPTION	QTY	UNIT PRICE	TOTAL \$

NOTE: The Town is exempt from sales tax per W.S. 39-11-105 and 39-15-105.

CLAIMANT DECLARATION

(IF VOUCHER IS FOR PERSONAL SERVICES, TRAVEL REIMBURSEMENTS OR EXPENDITURES OTHER THAN PAYROLL UNDER A CONTRACTED PRICE)

I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT, AND THAT NEITHER THE WHOLE, NOR ANY PART THEREOF, HAS BEEN PAID.

DATE	SIGNATURE OF CLAIMANT

DECLARATION OF MAYOR OR CLERK-TREASURER AND/OR OTHER AUTHORIZED AGENT

I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT. I FURTHER CERTIFY THAT THE ABOVE SERVICES WERE RENDERED, OR THAT THE ABOVE MATERIALS WERE RECEIVED IN AN ACCEPTABLE CONDITION, AND THAT THE ABOVE CLAIM IS HEREBY APPROVED BY ME.

DATE	EMPLOYEE RECEIVING GOODS OR SERVICES
DATE	MAYOR or CLERK-TREASURER or OTHER AGENT

APPROVAL BY THE TOWN COUNCIL FOR PAYMENT

DATE APPROVED _____ NOTED BY _____

DATE PAID _____ CHECK NUMBER _____