

TOWN OF MANCHESTER

VOUCHER-RECEIVING REPORT

DEPT/DIV.:

Prepared By:

DATE:

ACCOUNT #

PROJECT #

P.O. #

VENDOR NO.

VENDOR NAME:

ADDRESS:

CERTIFICATION OF DEPARTMENT HEAD

I CERTIFY THAT ITEMS OR SERVICES WHICH REQUIRE THIS PAYMENT WERE RECEIVED, COUNTED AND EXAMINED BY ME OR BY THE AGENT WHOSE SIGNATURE IS ON THE ATTACHED DELIVERY SLIP OR INVOICE. I FURTHER CERTIFY THAT ANY ITEMS OR SERVICES ARE AS ORDERED, ARE IN GOOD CONDITION AND REPRESENT PROPER EXPENDITURES FOR THIS DEPARTMENT.

INVOICE AMOUNT	INVOICE NUMBER OR EXPLANATION	INVOICE DATE

DOES THIS COMPLETE THIS P.O.? YES NO

ADDITIONAL COMMENTS:

ENCUMB. LIQUID A/P REVIEW

ACCOUNTING CERTIFICATION