

2001 UNION ROAD  
WEST SENECA, NEW YORK 14224

CHECK NUMBER

ACCOUNT DISTRIBUTION			
ACCOUNT CODE	AMOUNT	VOUCHER NO.	
001.9060.0807.0004	\$	PAYMENT DATE	
002.9060.0807.0004	\$	VENDOR NO.	
003.8100.0817.0004	\$	NAME & ADDRESS	
	\$		

YEAR	NAME		FROM - TO	# OF MONTHS	TOTAL AMOUNT
TOTAL					

Retiree		Finance Department
<p>I _____ do</p> <p>hereby certify that the items of the foregoing account are true and correct; that the goods or services charged above were in fact furnished or rendered at the time therein stated; and that no part thereof has been paid or satisfied by the Town of West Seneca and that there is no counterclaim against same.</p>	<p style="text-align: center;"><b>ATTACH PROOF OF MEDICARE PART B EXPENSE</b></p> <p>Please check (X) one:</p> <p>White Collar _____</p> <p>Blue Collar _____</p> <p>Police _____</p> <p>Retirement Date: _____</p>	<p>This voucher has been reviewed and found in order for submission on the Town warrant.</p>
<p><b>X</b></p> <p><b>Retiree Signature</b>                      <b>Date</b></p>		<p><b>Signature</b>                      <b>Date</b></p>