CLARENCE FIRE DISTRICT NO. 1 10355 Main St. P.O. Box 340 Voucher No. Clarence, NY 14031 **FUND - APPROPRIATION AMOUNT VOUCHER** #34020 - Training Expense CLAIMANT'S NAME AND Check # **ADDRESS TOTAL Training Class & Location** Mileage Per Mile Rate Amount Dates **TOTAL CLAIMANT'S CERTIFICATION** __ certify that the above account in the amount of \$ ___ is true and correct; that the items services and disbursements charged were rendered to or for the fire district on the dates stated; that no part

has been paid or satisfied; that taxes from which the fire district is exempt, are not included; and that the amount claimed is actually due.

DATE

SIGNATURE

TITLE