

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

CLAIMANT DO NOT
 WRITE IN THIS AREA

VOUCHER
 No. 1-114

DATE VOUCHER RECEIVED

DEPARTMENT _____

FUND - APPROPRIATION	AMOUNT
A.1620.0406	\$ 3.78
TOTAL	\$ 3.78
TOWN OF ALDEN CHECK No. _____	

CLAIMANTS
 NAME
 AND
 ADDRESS

VERIZON BUSINESS
 P.O. BOX 15043
 ALBANY, NY 12212-5043

VENDOR ID NO
2732

TERMS _____ PURCHASE
 ORDER No. _____

Detailed invoices may be attached and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/18/01	6229628		VERIZON LONG DISTANCE		\$ 3.78
<p><small>Vouchers must be received by the 25th of each month to be processed for payment the following month. All discounts will be taken on all bills regardless of stated time allowed. (See Instructions on Reverse Side)</small></p>					TOTAL \$ 3.78

CLAIMANT'S CERTIFICATION

I, _____, 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 municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt, are not included, and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
 (Space Below for Municipal use)

DEPARTMENT APPROVAL
 The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.
 11/30/01

 DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT
 This claim is approved and entered paid from the appropriations indicated above.

 12/01 12/2/01

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

CLAIMANT DO NOT
 WRITE IN THIS AREA

VOUCHER
 No. 119

DATE VOUCHER RECEIVED

FUND - APPROPRIATION	AMOUNT
A.1610.0400	\$ 119.99
TOTAL	\$ 119.99
TOWN OF ALDEN CHECK No	

DEPARTMENT _____

CLAIMANT'S
 NAME
 AND
 ADDRESS

SPECTRUM
P.O. BOX 4617
CAROL STREAM, IL 60197-4617

CLASS OF DTL

1862

TERMS _____ PURCHASE
 ORDER No _____

Detailed Invoices may be attached and TOTAL entered on this Voucher. Certification below **MUST BE SIGNED**

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/18/31			INTERNET SERVICE DATE - 11/9/31 to 12/8/31 ACCT # 202-220939602-001 INVOICE # 220939602-11031		\$ 119.99
TOTAL \$					119.99

Vouchers must be received by the 25th of each month to be processed for payment the following month. All amounts will be taken on all bills regardless of stated time allowed (See instructions on Reverse Side)

CLAIMANT'S CERTIFICATION

I, _____, 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 municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above

12/2/2021

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

CLAIMANT - DO NOT
 WRITE IN THIS AREA.

VOUCHER
 No. _____

DATE VOUCHER RECEIVED _____

FUND	APPROPRIATION	AMOUNT
2	930.0400	\$ 1,690.50
2	293.0410	0.00
TOTAL		\$ 1,690.50
TOWN OF ALDEN CHECK No. _____		

DEPARTMENT SUPERVISOR'S OFFICE

CLAIMANT'S
 NAME
 AND
 ADDRESS

Hodgson Russ LLP
 140 Pearl Street, Suite 100
 Buffalo, New York 14202-4040

1574

TERMS _____ PURCHASE
 ORDER No. _____

Detailed Invoices may be attached, and TOTAL entered on this Voucher. Confirmation below **MUST BE SIGNED**

DATE	SENDER'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/8/2021	1128469		Contract Matters File# - 040359.00001 See Attached Invoice		\$ 1,690.50
TOTAL					\$ 1,690.50

CLAIMANT'S CERTIFICATION

I hereby certify that the above amount in the amount of \$ _____ is true and correct; that the terms, services and disbursements charged were rendered to or for the municipality on the date stated; that no part has been paid or satisfied; that taxes from which the municipality is exempt, are not included; and that the amount claimed is actually due.

November 8, 2021

SIGNATURE _____

TITLE _____

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/8/2021

DATE 3

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

[Signature]

TITLE

VOUCHER

CLAIMANT - DO NOT WRITE IN THIS AREA

Voucher No.

TOWN OF ALDEN
 12800 West Main Street
 Alden, NY 14004

DATE VOUCHER RECEIVED

DEPARTMENT _____

FUND - APPROPRIATION	AMOUNT
DB5130 0424	\$ 33.93
TOTAL	\$ 33.93

CLAIMANT'S NAME AND ADDRESS

Lawson Products
 PO Box 734922
 Chicago, IL 60680-9401

VENDOR ID No.

Check#

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/2/2021	9308965203	9	Stripe paint	\$ 3.77	\$ 33.93
					\$ -
				<i>Total</i>	\$ 33.93

I, _____ certify that the above account of the amount of \$ _____ is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
 (Please Sign for Municipal Use)

DEPARTMENT APPROVAL
 The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.
 11/23/2021
 DATE _____
 AUTHORIZED OFFICER _____

APPROVAL FOR PAYMENT
 This claim is approved and ordered paid from the appropriations indicated above.
 11/23/2021
 DATE _____

VOUCHER

CLAIMANT: DO NOT
WRITE IN THIS AREA.

Voucher
No.

TOWN OF ALDEN
12800 West Main Street
Alden NY 14004

FUND APPROPRIATION	AMOUNT
DB5130.0424	\$ 11.48
Total	\$ 11.48

Department _____

CLAIMANT'S
NAME
AND
ADDRESS

Fastenal Company
P.O. Box 1286
Winona, MN 55987-1286

VENDOR ID NO:

CHECK #

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
10/26/2021	NYMED58541	1	Suples	\$ 8.54	\$ 8.54
10/29/2021	NYMED58597	1	Suples	\$ 2.94	\$ 2.94
					\$ -
					\$ -
			Total		\$ 11.48

CLAIMANT'S CERTIFICATION

I, _____ 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 municipality on the dates stated; that no part has been paid or satisfied; that taxes from which the municipality is exempt are not included; and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
(Space Below for Municipal Use)

DEPARTMENT APPROVAL
The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/25/2021
DATE

[Signature]
AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT
This claim is approved and provided said from the appropriations indicated above.

[Signature]
[Signature]
DATE 12/2/2021

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

DEPARTMENT SUPERVISOR'S OFFICE

CLAIMANT'S NAME AND ADDRESS
New York State & Local Retirement System
110 State Street
Albany, NY 12244

VENDOR ID NO
381

CLAIMANT (DO NOT WRITE IN THIS AREA)

VOUCHER No. 121

DATE VOUCHER RECEIVED

FUND - APPROPRIATION	AMOUNT
T.000.001B.0000	\$ 1,289.34
TOTAL	\$ 1,289.34
TOWN OF ALDEN CHECK No.	

TERMS _____ PURCHASE ORDER No. _____

Detailed invoices may be attached, and TOTAL entered on this Voucher. Certification below **MUST BE SIGNED**

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/24/2021			NYS Retirement System, November, 2021 Location Code 30207-010 "NO CHECK" * <i>Wise</i> *		\$ 1,289.34
TOTAL					\$ 1,289.34

CLAIMANT'S CERTIFICATION

I, _____ certify that the above account in the amount of \$ 1,289.34 is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

November 24, 2021

by Contract Certification

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered and billed to the municipality on the dates stated and the charges are correct.

11/24/2021

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

The claim is approved and ordered paid from the appropriations indicated above.

12/21/2021

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

DEPARTMENT Supervisor's Office

CLAIMANTS
 NAME
 AND
 ADDRESS

Lancaster Volunteer Ambulance Corp.
Post Office Box 164
Lancaster, New York 14086-0164

VENDOR ID No
2550

Attention: Allison Revolvas

CLAIMANT DO NOT
 WRITE IN THIS AREA

VOUCHER
 No _____

DATE VOUCHER RECEIVED _____

FUND APPROPRIATION	AMOUNT
T..0602.2000	\$ 1,117.67
TOTAL	\$ 1,117.67

TERMS _____

SEE
 ORDER
 No _____

Issued Invoices may be attached, and TOTAL entered on this Voucher. Certification below MUST BE SIGNED.

Date	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/30/2021			Transfer funds for Ambulance		
			Service Fees		\$ 1,117.67
			See Attached		
			TOTAL		\$ 1,117.67

VOUCHERS MUST BE RECEIVED BY THE 25TH OF EACH MONTH TO BE PROCESSED FOR PAYMENT THE FOLLOWING MONTH. NO CASH WILL BE TAKEN ON ALL BILLS REGARDLESS OF DATED TIME ABOVE.

CLAIMANT'S CERTIFICATION

I 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 municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

November 30, 2021

DATE

SIGNATURE

TITLE

Space Below for Municipal Use

DEPARTMENT APPROVAL:

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/30/2021

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

claim is approved and ordered paid from the appropriations indicated above.

[Signature]
DEC 12/21/2021

VOUCHER

CLAIMANT - DO NOT WRITE IN THIS AREA

Voucher No.

TOWN OF ALDEN
12800 West Main Street
Alden, NY 14004

FUND - APPROPRIATION	AMOUNT
DB5 130 424	\$ 678.55
Total	\$ 678.55

Department _____

CLAIMANT'S NAME AND ADDRESS

PowerHouse
12080 Walden Ave
Alden NY 14004

VENDOR ID#

CHECK #

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/4/2021	2686	1	Labor & material repair blower motor and resistor 2008 Chevrolet	\$ 343.55	\$ 343.55
11/8/2021	2693	1	NYS Inspection 2019 Ford F550XL	\$ 20.00	\$ 20.00
11/16/2021	2705	1	Fuel System Evap Canister 2014 Ford F250 Pickup	\$ 315.00	\$ 315.00
			Total	\$	678.55

CLAIMANT'S CERTIFICATION

I certify that the above account in the amount of \$ _____ is true and correct, that the terms, services and disbursements charges were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount stated is actually due.

DATE _____ SIGNATURE _____ TITLE _____

(Return Back to Municipal User)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

10/28/2021

DATE

[Signature]
AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

[Signature]
12/2/2021

VOUCHER

(CLAIMANT DO NOT WRITE IN THIS AREA)

Voucher No.

TOWN OF ALDEN
 12800 West Main Street
 Alden, NY 14004

DATE VOUCHER RECEIVED

DEPARTMENT

FUND APPROPRIATION	AMOUNT
DB5140 0471	\$ 179.99
TOTAL	\$ 179.99

CLAIMANTS NAME AND ADDRESS

Lockport Outdoor
 5943 South Transit Rd
 Lockport, NY 14094

VENDOR ID No.


1199

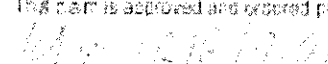
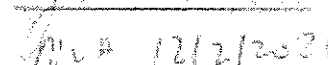
Check#

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
10/18/2021	176366	1	Sam Cansdale Clothing Allowance	\$ 179.99	\$ 179.99
Total					\$ 179.99

I, _____ certify that the above amount in the amount of \$ _____ is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
 Space Below for Municipal Use

DEPARTMENT APPROVAL
 The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.
 11/23/2021
 DATE

 AUTHORIZED OFFICER

APPROVAL FOR PAYMENT
 This claim is approved and ordered paid from the appropriations indicated above.

 DATE 12/12/2021

 DATE 12/2/2021

VOUCHER

TOWN OF ALDEN

3311 Wende Road

Alden, NY 14004

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

Erie County Comptroller

95 Franklin Street

Room 1154

Buffalo, NY 14202

VENDOR ID#

420

TOWN OF ALDEN - DO NOT WRITE IN THIS AREA		VOUCHER No. 7
DATE VOUCHER RECEIVED _____		
LINE APPROPRIATION	AMOUNT	
A.1620.408 Bldgs.	\$ 211.67	
A.5132.408 Hwy.	\$ 55.70	
SA.8130.407 SD#2	\$ 17.86	
TOTAL	\$ 285.33	
TOWN OF ALDEN CHECK No. _____		

TERMS _____ PURCHASE ORDER NO. _____

Detailed invoices may be attached and TOTAL entered on this Voucher. Certification below MUST BE SIGNED.

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/30/21	Invoice # 100005367		Oct. 30, 21		
	<u>Acct#</u>	<u>Line #</u>	<u>Dept./Address</u>		
	4150-479	1620.408A	Town Hall/3311 Wende Rd		\$ 149.13
	3425-560	1620.408A	Comm. Center/1311 W. Main St		\$ 62.55
	3387-399	1620.408A	Historical Bldg/13213 Broadway		
	3425-558	5132.408A	Highway Garage/12800 W. main		\$ 55.70
	3238-550	8130.407SA	SD#2/E. Alaura Dr		\$ 17.86
					TOTAL \$ 285.33

Vouchers must be received by 4:30 p.m. of each month to be processed for payment the following month. Attach invoices with itemized billings regardless of stated time period. See Instructions on Reverse Side.

CLAIMANT'S CERTIFICATION

I, _____ 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 municipality or the district stated; that no part has been paid or paid for; that taxes from which the municipality is exempt are not included; and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
(Space Below for Municipals Use)

<p>DEPARTMENT APPROVAL</p> <p>The above services or materials were rendered or furnished to the municipality on the date noted, and the charges are correct.</p> <p>11/30/21 <i>Alaura Casutt</i></p> <p>DATE AUTHORIZED OFFICIAL</p>	<p>APPROVAL FOR PAYMENT</p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p> <p><i>Alaura Casutt</i></p> <p>12/2/2021</p> <p>DATE</p>
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VOUCHER

CLAIMANT - DO NOT
WRITE IN THIS AREA

Voucher
No.

TOWN OF ALDEN
12800 West Main Street
Alden, NY 14004

DATE VOUCHER RECEIVED

FUND APPROPRIATION	AMOUNT
A5-32 0406	\$ 119.99
TOTAL	\$ 119.99

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

Time Warner Cable
PO Box 4617
Carol Stream, IL 60197-4617

VENDOR ID No

Check#

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/13/2021		1	Business Internet & Voice Inv# 8826115010111321 Acct#: 202 882611501-001 <i>11/13/21 - 12/31/21</i>	\$ 119.99	\$ 119.99
				<i>Total</i>	<i>\$ 119.99</i>

I, _____ 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 municipality, on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount claimed is actually due.

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/22/2021

DATE

[Signature]
AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

[Signature]
12/21/2021

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

DEPARTMENT

CLAIMANT'S
 NAME
 AND
 ADDRESS

NYSEG
 P. O. BOX 847812
 Boston, MA 02284-7812

ENCLOSURE

111

Debit card services may be started, and TD Bank may be used as the Debit card provider. ALL FEES ARE 0.

ISSUED BY (PRINT)
 (OPTIONAL)

ISSUES
 NO.

DATE WHEN ENTERED

LINE - APPROPRIATION	AMOUNT
A.1620.0407 Bldgs	\$1,197.65
A.5132.0407 Hwy.	
SL.5132.0411 Str. Ltg.	
SA.5130.0408 SD #2	
TOTAL	\$1,197.65

ISSUED BY
 (OPTIONAL)

ISSUES
 ORDER NO.

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/18/21	11183031		Electricity serv		
			MONTH OF:		
		ACCOUNT #	LINE #	DEPARTMENT	
		1001-0112-778	1620 0407A	10/1/21-11/5/21 COMM. CTR	\$931.47
		1001-0113-983	1620 0407A	TOWN HALL	
		1001-4631-306	1620 0407A	11/1/21-11/1/21 WADING POOL	\$100.00
		1001-4631-914	1620 0407A	SHELTERS	
		1001-4634-942	1620 0407A	10/1/21-11/1/21 HISTORICAL BLDG	\$ 0.00
		1001-0241-759	1620 0407A	R.O. SMITH PARK	
		1001-4697-209	1620 0407A	9/1/21-11/1/21 3116 MAIN ST	\$167.51
			TOTAL:	\$1,197.65	\$1,197.65
		1001-0241-751	5132 0407A	HIGHWAY	
		1001-2714-509	5132 0411S1	STR. LTG.	
		1001-2711-407	5132 0411S1	STR. LTG.	
		1001-3680-715	5130 0408SA	SD #2	
			TOTAL:		\$1,197.65

Vouchers must be received by the 25th of each month to be processed for payment the following month. All discounts will be taken or if larger regardless of when they are received. (See regulations on Page 16 of 22)

CLAIMANT'S CERTIFICATION

I, _____, certify that the above amount is the amount of \$ _____ (in words and digits) that the goods, services and labor-based charges were rendered to or for the municipality on the dates stated and that no part has been paid or collected; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
 (Space Below for Municipal Use)

DEPARTMENT APPROVAL	APPROVAL FOR PAYMENT
The above services or materials were rendered or provided to the municipality on the dates stated and the charges are correct.	This claim is approved or is ordered paid from the appropriate accounts indicated above.
DATE: 11/30/21 AUTHORIZED OFFICIAL: <i>[Signature]</i>	DATE: 12/31/21 AUTHORIZED OFFICIAL: <i>[Signature]</i>

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

DEPARTMENT SUPERVISOR'S OFFICE

CLAIMANT'S
 NAME
 AND
 ADDRESS

ERIE COUNTY WATER AUTHORITY
295 MAIN STREET
ROOM 350
BUFFALO, NY 14203

VENDOR ID NO:

183

CLAIMANT DO NOT
 WRITE IN THIS AREA

VOUCHER

No. _____

DATE VOUCHER RECEIVED

FUND APPROPRIATION	AMOUNT
SA. 8130.0409	\$ 53.46
TOTAL	\$ 53.46
TOWN OF ALDEN CHECK NO	

TERMS _____

PURCHASE
 ORDER NO _____

Detailed Invoices may be attached, and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/29/2021			Water Service for Fairview Dr. 08/02/2021 - 11/01/2021		\$ 53.46
<small>Vouchers must be received by the 20th of each month to be processed for payment the following month. All amounts will be taken on all bills regardless of stated time periods. (See instructions on Reverse Side)</small>					
TOTAL					\$ 53.46

CLAIMANT'S CERTIFICATION

I, _____ certify that the above account in the amount of \$ 53.46 is true and correct, that the items, services and labor/materials charged were rendered to or for the municipality on the dates stated, that no debt has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount claimed is actually due.

November 29, 2021

DATE

 SIGNATURE

(Space Below for Municipal Use)

 TITLE

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/29/2021

DATE

 AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

Nov 29, 2021

 AUTHORIZED OFFICIAL

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

DEPARTMENT SUPERVISOR'S OFFICE

CLAIMANT'S NAME AND ADDRESS
ERIE COUNTY WATER AUTHORITY
295 MAIN STREET
ROOM 350
BUFFALO, NY 14203

VENDOR'S NO.
183

CLAIMANT DO NOT WRITE IN THIS AREA. VOUCHER No. _____

DATE VOUCHER RECEIVED	
FUND - APPROPRIATION	AMOUNT
A. 1620.0409	\$ 53.46
TOTAL	\$ 53.46
TOWN OF ALDEN CHECK NO.	

TERMS _____ PURCHASE ORDER No. _____

Detailed Invoices may be attached and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/24/2021			Water Service for Town Hall 08/07/2021 - 11/06/2021		\$ 53.46
TOTAL					\$ 53.46

Vouchers must be received by the 25th of each month to be processed for payment the following month. All accounts will be taken on all bills regardless of stated time allowed. (See instructions on Reverse Side)

CLAIMANT'S CERTIFICATION

I, _____ certify that the above account is the amount of \$ 53.46 is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

November 24, 2021 _____
 DATE SIGNATURE TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL
 The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.
11/24/2021
 DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT
 This claim is approved and ordered paid from the appropriations indicated above.
NOV 29 2021

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

DEPARTMENT SUPERVISOR'S OFFICE

CLAIMANT'S NAME AND ADDRESS
New York State Deferred Compensation Plan
75 Remittance Drive
Dept 6771

VENDOR ID No
2471
Chicago, IL 60675-6771

CLAIMANT - DO NOT WRITE IN THIS AREA

VOUCHER

DATE VOUCHER RECEIVED 53077

FUND - APPROPRIATION	28228
T..0017.0000	\$ 1,918.52
TOTAL	\$ 1,918.52
TOWN OF ALDEN CHECK No	

TERMS _____ SE ORDER No _____

Detailed Invoices may be attached and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/24/2021	1105312		Deferred Compensation Plan PR #23 11/19/2021	Colleen	\$ 196.15
				Jenn	\$ 363.46
				William	\$ 270.77
				Steve	\$ 442.24
				Rodd	\$ 66.34
				Chris	\$ 373.27
				Sue	\$ 194.36
				Mandy	\$ 11.93

Vouchers must be received by the 28th of each month to be processed for payment the following month. All discounts will be taken on all billings regardless of stated time allowed. (See instructions on Reverse Side)

CLAIMANT'S CERTIFICATION

I, _____, 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 municipality on the dates stated; that no part has been paid or satisfied; that taxes from which the municipality is exempt, are not included; and that the amount claimed is actually due

November 24, 2021

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct

11/24/2021

DATE

3

[Signature]

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above

Dec 11 29 2021

[Signature]

VOUCHER

TOWN OF ALDEN
3311 Wende Road
Alden, NY 14004

DEPARTMENT Supervisor's Office

CLAIMANT'S
NAME
AND
ADDRESS

Lancaster Volunteer Ambulance Corp.
Post Office Box 164
Lancaster, New York 14086-0164

VENDOR ID No

2550

Attention: Allison Revelas

CLAIMANT - DO NOT
WRITE IN THIS AREA

VOUCHER

No

DATE VOUCHER RECEIVED

FOUN	APPROPRIATION	AMOUNT
T..0602.2000		\$ 495.13
T..0602.2000		\$ 5,605.78
T..0602.2000		\$ 2,128.14
TOTAL		\$ 8,229.05
TOWN OF ALDEN CHECK No		

TERMS

SF
ORDER
No

Dated Invoices may be attached and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

Date	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/22/2021			Transfer funds for Ambulance		
			Service Fees		\$ 8,229.05
			See Attached		
				TOTAL	\$ 8,229.05

Vouchers must be received by the 25th of each month to be processed for payment the following month. All accounts will be taken on all billings regardless of stated time period.

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account is the amount due and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

November 22, 2021

DATE

SIGNATURE

TITLE

ipaid Below for Municipal Use

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/22/2021

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

claimant's approved and created paid from the appropriations indicated above.

Nov 24 2021

[Signature]

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

CLAIMANT - DO NOT
 WRITE IN THIS AREA

VOUCHER
 No. _____

DATE VOUCHER RECEIVED

FUND APPROPRIATION	AMOUNT
T.0085.0000	\$ 74.70
TOTAL	\$ 74.70

DEPARTMENT _____

CLAIMANT'S
 NAME
 AND
 ADDRESS

Francis D. Conners
 3493 Townline Road
 Lancaster, NY 14086

VENDOR ID NO

2505

TERMS _____

SE
 ORDER
 No. _____

Included invoices may be attached, and TOTAL entered on this Voucher. Certification below MUST BE SIGNED

DATE	VENDOR'S INVOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/22/2021			Employees' uncashed payroll check Funds returned to Town for re-issue. Original check no longer negotiable Check # 45724657		\$ 74.70
				TOTAL	\$ 74.70

Vouchers must be received by the 25th of each month to be processed for payment the following month. No payments will be taken on all claims regardless of stated term allowed. See instructions on Payment Order.

CLAIMANT'S CERTIFICATION

_____, certify that the above account in the amount _____ is true and correct, that the items, services and disbursements charged were rendered to or for the Municipality on the dates stated, that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

November 22, 2021

SIGNATURE

TITLE

space Below for Municipal Use

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/22/2021

DATE

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

claim is approved and ordered paid from the appropriations indicated above.

Nov 11 2021

[Signature]

VOUCHER

TOWN OF ALDEN

**3311 Wende Road
Alden, NY 14004**

DEPARTMENT _____

CLAIMANT'S
NAME
AND
ADDRESS

*Spectrum
PO Box 14619
Carol Stream, IL
60197-14619*

VENDOR ID No.
156

(CLAIMANT - DO NOT
WRITE IN THIS AREA)

VOUCHER

No. *1*

DATE VOUCHER RECEIVED

FLYING APPROXIMATION	AMOUNT
<i>11/19/21</i>	<i>\$114.99</i>
TOTAL	\$ 114.99
TOWN OF ALDEN CHECK NO.	

FORM NO. 100

PURCHASE
ORDER NO.

Detailed Invoices may be attached and TOTAL entered in this Voucher. Certification below MUST BE FURNISHED.

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
<i>11/19/21</i>	<i>42379011</i>	<i>11381</i>	<i>11/18/21 to 12/11/21 Internet Job 516 W Main St.</i>		<i>\$114.99</i>
TOTAL					\$ 114.99

Amounts must be approved by the 26th of each month to be presented for payment the following month. All payments will be taken from the engagement of stored bank account. Use instructions on Reverse Side.

CLAIMANT'S CERTIFICATION

I, _____ certify that the above amount is the amount of \$ _____ is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

APPROVAL FOR PAYMENT

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

This claim is approved and ordered paid from the appropriations indicated above.

11/30/21
DATE

[Signature]
AUTHORIZED OFFICIAL

[Signature]
DATE *12/2/2021*

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

DEPARTMENT _____

CLAIMANT'S
 NAME
 AND
 ADDRESS

Leonard Weylarski
 12486 Uebelhaer RD
 Alden, N.Y. 14004

VENDOR'S NO.
 1061

CLAIMANT - DO NOT
 WRITE IN THIS AREA

VOUCHER

No. _____

DATE VOUCHER RECEIVED

LINE - APPROPRIATION	AMOUNT
115-219-0424	\$ 890
TOTAL	\$ 890.00
TOWN OF ALDEN CHECK NO.	

TERMS _____

PURCHASE
 ORDER No. _____

Detailed Invoices may be attached and TOTAL entered on this voucher. Certifier below MUST BE SIGNED

DATE	VENDOR'S VOICE NO.	QTY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11-5-21		1	Insp. 2014 Ford F150		\$ 21.00
11-5-21		1	Insp. 2006 Chevy 2500		\$ 21.00
11-5-21		1	Insp. 2012 Chevy 3500		\$ 26.00
11-5-21		1	Insp. 2017 Ford F250		\$ 21.00
TOTAL					\$ 890.00

Invoices must be received by the 25th of each month to be processed for payment the following month. All discounts will be taken on all bills regardless of when billed. See instructions on Reverse Side.

CLAIMANT'S CERTIFICATION

Leonard Weylarski certifies that the above account in the amount of \$ 890.00 is true and correct, that the items, services and labor charges were rendered to or for the municipality, on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt are not included, and that the amount claimed is actually due.

11-14-21 DATE Leonard Weylarski SIGNATURE Owner TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or meter charges were rendered or furnished to the municipality on the dates stated and the charges are correct.

12/2/2021 DATE [Signature] AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

[Signature] DATE 12/2/2021

VOUCHER

TOWN OF ALDEN
 3311 Wende Road
 Alden, NY 14004

DEPARTMENT (DO NOT WRITE IN THIS AREA)

VOUCHER No. 1

DATE VOUCHER RECEIVED

FUND APPROPRIATION	AMOUNT
A. 1620. 0440	\$111.99

DEPARTMENT

CLAIMANT'S NAME AND ADDRESS

Duple Security Systems Inc.
P.O. Box 1333
Buffalo, NY 14240-1333

TOTAL

\$ 111.99

ISSUE OF ALDEN CHECK No.

VENDOR ID No. 1278

PURCHASE ORDER No.

Detailed invoices may be attached and TOTAL entered on this voucher. Certification below MUST BE SIGNED.

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/19/21	117723		10/1/21 to 3/30/22 Alarm Monitoring Sec. Comm. Unit 13114 W. Main St.		\$111.99
TOTAL					\$ 111.99

CLAIMANT'S CERTIFICATION

I certify that the above account in the amount of \$

is true and correct, that the items, services and materials are charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes from which the municipality is exempt are not included; and that the amount claimed is actually due.

DATE

SIGNATURE

TITLE

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or supplied to the municipality on the dates stated and the charges are correct.

APPROVAL FOR PAYMENT

The claims approved and entered paid from the appropriations indicated above.

DATE

AUTHORIZED OFFICIAL

DATE

VOUCHER

CLAIMANT - DO NOT WRITE IN THIS AREA

Voucher No.

TOWN OF ALDEN
 12800 West Main Street
 Alden, NY 14004

DATE VOUCHER RECEIVED:

DEPARTMENT: _____

CLAIMANT'S NAME AND ADDRESS

Hurtubise Tire Inc
 63 Oliver ST
 North Tonawanda NY 14120

FUND - APPROPRIATION	AMOUNT
DE5130 0424	\$ 418.25
TOTAL	\$ 418.25

VENDOR'S P.O. NO.

Check

DATE	VENDOR'S INVOICE No.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
10/2/2021	235153	1.0	Labor & Material to clean and grind all rims 2009 Peterbuilt Credit of \$98.75 taken off bill	\$ 418.25	\$ 418.25
<i>Total</i>				\$	418.25

I, _____ 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 municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt, are not included, and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
 (Space Below for Municipal Use)

DEPARTMENT APPROVAL
 The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.
 11/23/2021
 DATE

 AUTHORIZED OFFICER

APPROVAL FOR PAYMENT
 This claim is approved and ordered paid from the appropriations indicated above.

 DATE 12/2/2021

VOUCHER

CLAIMANT DO NOT
WRITE IN THESE AREAS

Voucher
No

TOWN OF ALDEN
12800 West Main Street
Alden, NY 14004

PLACD - APPROPRIATION	AMOUNT
085130 0424	\$ 524.85
Total	\$ 524.85

Department _____

CLAIMANT'S
NAME
AND
ADDRESS

BRENNTAG LUBRICANTS NORTHEAST
Div Of BWE LLC Brenntag Company
42 Rumsey Rd
East Hartford, CT 06108

VOUCHER NO
11/23/21

CHECK#

DATE	VENUE'S VOICE No	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICE	UNIT PRICE	AMOUNT
11/12/2021	SLN21-708656	1	Prem Plus 15W40 Oil	\$ 524.8500	\$ 524.85
					\$ -
				Total	\$ 524.85

CLAIMANT'S CERTIFICATION

I, _____ 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 municipality on the dates stated, that no part has been paid or satisfied, that taxes from which the municipality is exempt, are not included, and that the amount claimed is actually due.

DATE _____ SIGNATURE _____ TITLE _____
(Sign Below for Municipal Use)

DEPARTMENT APPROVAL
The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

11/23/2021
DATE

AUTHORIZED OFFICER

APPROVAL FOR PAYMENT
This claim is approved and proper paid from the appropriations indicated above.

DATE 12/2/2021

