



PLEASE CHECK
IF NEW ADDRESS

CLAIM VOUCHER

SOCIAL SECURITY NUMBER
REQUIRED

INC. VILLAGE OF EAST HAMPTON

86 MAIN STREET, EAST HAMPTON, NY 11937
TEL 631-324-4150
FAX 631-324-4189

() _____
TELEPHONE NUMBER

To _____ Correct as to Extensions _____
YOUR NAME OR FIRM TO BE PAID

Street or P.O. Box _____ Correct as to Addition _____

Town or City _____
Zip Code _____

DIRECTIONS

Make separate itemized and verified bills for each department. Materials, supplies, etc. must be itemized

Date of Services	QUAN- TITY	Description of Services and Department to be billed	UNIT PRICE	TOTALS
LIST ALL FEDERAL AND NEW YORK STATE TAXES BUT DO NOT INCLUDE IN AMOUNT CLAIMED. VILLAGE OF EAST HAMPTON IS EXEMPT FROM PAYING THESE TAXES			AMOUNT OF CLAIM	\$

THIS CERTIFICATE MUST BE MADE BY CLAIMANT PERSONALLY IF AN INDIVIDUAL, OR A MEMBER OF THE FIRM OR OFFICER OF A COMPANY

I hereby certify the above articles were sold and delivered and the above service rendered to the VILLAGE OF EAST HAMPTON on the dates and for the process billed; that the above bill is just, true and correct; that no part thereof has been paid except as stated therein, and that the balance therein stated is actually due and owing, that all laws have been complied with, and that taxes from which the Village is exempt are excluded therefrom.

SIGNATURE TITLE

DATED _____
NAME OF COMPANY

Certificate of Approval by Department Head

I hereby certify that the merchandise, materials or articles enumerated in this claim have been received and that the quantity and quality thereof are as specified in such claim, that the services specified were performed and the contract which therefore has been earned, that they were necessary for and have been or will be applied to the use of this Department.

DATED _____
SIGNATURE OF VILLAGE OFFICIAL

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