CLAIM VOUCHER

INC. VILLAGE OF EAST HAMPTON

86 MAIN STREET, EAST HAMPTON, NY 11937
TEL. 631-324-4150 • FAX 631-324-4189
www.easthamptonvillage.org

DEPARTMENT _____

CLAIMANT'S NAME & MAILING ADDRESS

☐ **PLEASE CHECK IF NEW ADDRESS**

( ) _____
TELEPHONE NUMBER

(CLAIMANT – DO NOT WRITE IN THIS AREA)

DATE VOUCHER RECEIVED _____

FUND – APPROPRIATION	AMOUNT
TOTAL	

PURCHASE ORDER NO. _____ _____

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

DATE	VENDOR'S INVOICE NO.	QUANTITY	Description of Services and Department to be billed	UNIT PRICE	AMOUNT
			THE VILLAGE OF EAST HAMPTON IS EXEMPT FROM PAYMENT OF ALL FEDERAL AND NEW YORK STATE TAXES	TOTAL	

CLAIMANT'S CERTIFICATION

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 prices 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.

_____ _____ _____
DATE SIGNATURE TITLE

(SPACE BELOW FOR MUNICIPAL USE)

CERTIFICATE OF APPROVAL BY DEPT. HEAD

I HEREBY CERTIFY THAT THE MERCHANDISE AND MATERIALS IN THIS CLAIM HAVE BEEN RECEIVED, THAT THE SERVICES WERE PERFORMED AND THE CONTRACT PRICE THEREFOR HAS BEEN EARNED, THAT THEY WERE NECESSARY FOR AND HAVE BEEN APPLIED TO THE USE OF THE DEPARTMENT.

_____ _____
DATE AUTHORIZED OFFICIAL

Correct as to Extensions _____ Correct as to Additions _____

APPROVAL FOR PAYMENT

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

_____ _____

_____ _____

_____ _____
DATE AUDITING BOARD