

# CLAIM VOUCHER

## INC. VILLAGE OF EAST HAMPTON

86 MAIN STREET, EAST HAMPTON, NY 11937

TEL. 631-324-0641 • FAX 631-324-0566

www.easthamptonvillage .org

DEPARTMENT \_\_\_\_\_

CLAIMANT'S  
NAME &  
MAILING  
ADDRESS

PLEASE CHECK  
IF NEW ADDRESS

( ) \_\_\_\_\_  
TELEPHONE NUMBER

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

(CLAIMANT-DO NOT  
WRITE IN THIS AREA)

DATE VOUCHER RECEIVED \_\_\_\_\_

FUND - APPROPRIATION	AMOUNT
TOTAL	
PURCHASE ORDER NO. _____	

DATE	VENDOR'S INVOICE NO.	QUANTITY	Description of Services and Department to be billed	UNIT PRICE	AMOUNT
				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.

### APPROVAL FOR PAYMENT

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

DATE \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ AUDITING BOARD \_\_\_\_\_

Correct as to Extensions \_\_\_\_\_ Correct as to Additions \_\_\_\_\_