

CLAIM VOUCHER

INCORPORATED

VILLAGE OF MANORHAVEN

33 Manorhaven Blvd., Port Washington, NY 11050

(516) 883-7000

(516) 883-4535 FAX

CODE	FUND	AMOUNT
		\$

Claimant: _____

DATE	DESCRIPTION	AMOUNT	TOTAL

CLAIMANT'S CERTIFICATION:

Claimant signing below hereby certifies that the above itemized claim in the amount of \$ _____ presented by him is true and correct; that no part thereof has been paid or otherwise settled; that the prices charged are correct and as agreed; and that the labor and/or material specified are accurate.

DATE

SIGNATURE

TITLE

STATE LAW REQUIRES A COMPLETED CLAIM:

This claim voucher **MUST BE SIGNED** (no stamps) and dated by an authorized person within your organization. Claim vouchers not properly certified will be returned unpaid.

NEW YORK STATE SALES TAX
EXEMPT MUNICIPALITY
FEDERAL ID# 11-6000851

****This space to be used by Municipal Personnel Only****

DEPARTMENT APPROVAL:

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

APPROVAL FOR PAYMENT:

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

REQUESTING OFFICER

DATE

AUTHORIZING OFFICER

DATE

AUTHORIZING BOARD OFFICIAL

DATE