

CLAIM VOUCHER

INCORPORATED
VILLAGE OF PLANDOME
65 South Drive, Plandome, NY 11030
(516) 627-1748

Claimant: _____

Date: _____

DATE	DESCRIPTION	AMOUNT	TOTAL

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.

STATE LAW REQUIRES A COMPLETED CLAIM

Signature: _____

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.

Title: _____

<p>NEW YORK STATE SALES TAX EXEMPT MUNICIPALITY Federal ID# 11-6002132</p>

- OFFICE USE ONLY -

APPROVALS:

Signature of Requesting Officer

Budget Code

Signature of Authorizing Officer