CLAIM VOUCHER

The Village of Sagaponack

3175 Montauk Highway
Post Office Box 600
Sagaponack, NY 11962
Phone:(631)537-0017 FAX: (631) 537-0612
Employer Identification No. 20-3911712

Vendor:_____
(Print or Type)
Mailing
Address:_____

_____

FOR 1099 PURPOSES
FED. ID# _____

NOTICE: Vouchers/invoices not received by First Friday of month will be delayed in Payment.

FOR VILLAGE USE ONLY

Check No. (Manual)
_____

Account Code Amount

_____

_____

_____

_____

_____

_____

Total:_____

Date of Services	*Quantity*	*Purchase Order Number Required for Payment*	*Unit Price*	*Totals*
		VILLAGE OF SAGAPONACK IS EXEMPT FROM PAYMENT OF 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 SAGAPONACK 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.

_____ SIGNATURE

_____ TITLE

DATED: _____

_____ NAME OF COMPANY

Certificate of Approval

I HEREBY CERTIFY THAT THE MERCHANDISE, MATERIALS OR ARTICLES ENUMERATED IN THIS CLAIM HAVE BEEN RECEIVED AND THAT THE QUANTITY AND QUALITY THEREOF ARE SPECIFIED IN SUCH CLAIM, THAT THE SERVICES SPECIFIED WERE PERFORMED AND THE CONTRACT PRICE THEREFOR HAS BEEN EARNED; THAT THEY WERE NECESSARY FOR AND HAVE BEEN OR WILL BE APPLIED TO THE USE OF THIS DEPARTMENT.

_____ DATE APPROVED BY BOARD OF TRUSTEES

_____ SIGNATURE OF VILLAGE TRUSTEE