

CLAIM VOUCHER

FOR VILLAGE USE ONLY

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

Check No. (Manual)

Table with columns: Account, Code, Amount. Includes a Total line at the bottom.

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.

Total: _____

Table with columns: Date of Services, Quantity, Purchase Order Number Required for Payment, Unit Price, Totals. Includes a row for tax exemption and 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