CLAIM VOUCHER

INCORPORATED
VILLAGE OF MANORHAVEN
33 Manorhaven Blvd., Port Washington, NY 11050
(516) 883-7000            (516) 883-4535 FAX

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.

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

REQUESTING OFFICER          DATE

APPROVAL FOR PAYMENT:
This claim is approved and ordered paid from the
appropriations indicated above.

_____________________________________ _______
AUTHORIZING BOARD OFFICIAL                DATE

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

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