



CLAIM VOUCHER
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

FOR VILLAGE USE ONLY

Check No. (Manual) _____

| | | |
|---------|------|--------|
| Account | Code | Amount |
|---------|------|--------|

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| _____ |
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| _____ |
| _____ |

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: _____

| <i>Date of Services</i> | <i>Quantity</i> | <i>Purchase Order Number Required for Payment</i> | <i>Unit Price</i> | <i>Totals</i> |
|-------------------------|-----------------|---|-------------------|---------------|
| | | 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