VOUCHER

VILLAGE OF EAST HILLS
209 HARBOR HILL ROAD
EAST HILLS, NY 11576
516-621-5600
TAX ID#11-6000839

Claimant's
Name and
Address

CLAIMANT - DO NOT WRITE IN THIS AREA

Voucher # _____

Date Paid _____ Check # _____

FUND-APPROPRIATION	AMOUNT
TOTAL	

DETAILED INVOICES MUST BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER.
CERTIFICATION BELOW MUST BE SIGNED.

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
				TOTAL	

CLAIMANT'S CERTIFICATION

I _____, certify that the above account in the amount of $_____ is true and correct; that the items, services and disbursements charge were rendered to or for the municipality on the date(s) stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

_____ _____ _____
DATE SIGNATURE TITLE

(SPACE BELOW FOR MUNICIPAL USE)

DEPARTMENT APPROVAL

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

_____
Date

_____
Department Head

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above:

_____
_____
_____
_____

_____ _____
Mayor Date