VOUCHER				CLAIMANT - DO NOT WRITE IN THIS AREA		Voucher #		
VIII I A OF OF FACTORY VIA C				Date Paid	te Paid		Check #	
	VILLAGE OF EAST HILLS 209 HARBOR HILL ROAD			FUND-APPROPRIATION		AMOUNT		
EAST HILLS, NY 1157				10.10.1110.111.	11011	11110		
516-621-5600								
	TAX ID#1	1-6000839						
Claimant'								
Name and Address					TOTAL			
DETAILED IN			D TOTAL ENTERED	ON THIS VOUCHER.				
CERTIFICAT	ON BELOW MUST I	BE SIGNED.	DESCR	IPTION OF MATERIAL	S OR			
DATE	INVOICE NO.	QUANTITY				UNIT PRICE	AMOUNT	
						TOTAL		
		1	CI AIMANT'	S CERTIFICATION	N .	TOTAL		
I		,		rtify that the above acco		amount of \$		
is true and co	orrect; that the iter	ms, services a	and disbursements	charge were rendered to	or for the	municipality on th	ne date(s) stated	
that no part l claimed is ac		satisfied; that	taxes, from which	th the municipality is ex	empt, are i	not included, and	that the amoun	
ciaimed is ac	tuany due.							
	-							
DATE SIGNATURE				TITLE				
			(SPACE BELOW	FOR MUNICIPAL USE	Ε)			
	RTMENT APPRO	OVAL		APPROVAL 1	FOR PAYM			
	services or mat		This claim is app	proved and ordered paid	from the ap	propriations indica	ated above:	
	furnished to the as stated and the							
correct.								
Date								
Department	Head		Mayor			Dat	te	