CLAIM VOUCHER

VENDOR # _____

VILLAGE OF NEWARK VALLEY
PO BOX 398
NEWARK VALLEY, NY 13811

CLAIMANT NAME & ADDRESS:

_____

_____

_____

_____

VOUCHER # _____

DO NOT WRITE IN THIS SPACE

CHECK # _____
AMOUNT _____
DATE OF VOUCHER _____
BUDGET FUND _____
ACCOUNT CODE _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

CLAIMANT'S CERTIFICATION

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

Date_____ Signature_____Title_____

DEPARTMENT APPROVAL

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

_____ _____

Date Authorized Official

APPROVAL FOR PAYMENT

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

Date:	Trustee Signature:

Peggy\My Documents\Office Needs\Voucher Form