

CLAIM VOUCHER

VENDOR # _____

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

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

CLAIMANT NAME & ADDRESS:

VOUCHER # _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
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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.

APPROVAL FOR PAYMENT

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

Date: _____ Trustee Signature: _____

 Date Authorized Official