

VILLAGE OF SALTAIRE VOUCHER

P.O. Box 5551 – Bay Shore NY 11706

phone 631.583.5566/fax 631.583.5986

CLAIMANTS NAME AND ADDRESS

APPROPRIATION	AMOUNT
Total	

Please complete voucher (claimants name & address, signature, date, description of materials or services with any further documentation, invoices etc attached) and return to the Village at the above address for payment.

Federal Tax ID # _____ Purchase Order # _____
 Social Security # _____

DATE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
			Total	

(Claimant Certification)

I hereby certify that the items named herein have been delivered, that the services mentioned have been preformed and charges made are just, true and correct; that no part thereof 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 OF CLAIMANT

_____ TITLE OF CLAIMANT

(Space Below for Municipal Use)

<p style="text-align: center;">DEPARTMENT APPROVAL</p> <p style="font-size: small;">The above services or material were rendered or furnished to the municipality on the dates stated and the charges are correct.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="display: flex; justify-content: space-between;"> Date Department Head Signature </p>	<p style="text-align: center;">APPROVAL FOR PAYMENT</p> <p style="font-size: small;">This claim is approved and ordered paid from the appropriation indicated above.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="display: flex; justify-content: space-between;"> Date Authorized Official Signature </p>
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Date Paid _____ Check # _____ Abstract # _____