VILLAGE OF PORT WASHINGTON NORTH
71 OLD SHORE ROAD
PORT WASHINGTON, NY 11050
Phone: 516-883-5900

CLAIM/VOUCHER NO:
(This Box For Village Use Only)

CLAIMANT'S NAME AND ADDRESS	
Audited by:	

TAX ID---> **<--REQUIRED**

DATE	PARTICULARS	INVOICE #	AMOUNT

PLEASE WRITE CLEARLY; ILLEGIBLE HANDWRITING WILL CONSIDERABLY DELAY AUDITOR'S APPROVAL & VILLAGE'S PAYMENT

NO SALES TAX

TOTAL

CLAIMANT PLEASE NOTE:

1. You must provide dates that services were provided.

2. This Claim Form must reference an invoice number if an invoice is attached.

3. Please complete a separate Claim Form for each invoice.

I HEREBY CERTIFY that the above articles were sold and delivered and/or the above service rendered to the Village of Port Washington North on the dates and for the prices or amounts billed; that the bill is just, true and correct; that no part thereof has been paid or otherwise settled except as stated therein and that the balance therein stated is actually due and owing.

Signature of claimant--> Date Signed-->

Print Name:

CLAIM FORM AUTHORIZED: December 14, 2005

The foregoing bill is hereby approved: (This Box Village Use Only)

Signature of approval--> Dated Approved-->

Print Name: **Reimbursable?**

PROJECT: **(Circle: YES / NO)**