

**Village of Port Washington North**  
 3 Pleasant Avenue, Port Washington, NY 11050  
 Phone: (516) 883-5900

**VOUCHER CLAIM FORM**

CLAIMANT'S	
NAME	
AND	
ADDRESS	

TRUSTEE APPROVAL

TAX ID # REQUIRED	
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DATE	SERVICE/PRODUCT DETAILS	INVOICE #	AMOUNT
		<b>TOTAL:</b>	

I HEREBY CERTIFY that the above products were sold and delivered and/or the above service rendered to the Village of Port Washington North on the date(s) and for the price(s) 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.

CLAIMANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

VILLAGE USE ONLY: The foregoing bill is hereby approved:

Signature of Village: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ TRUST/AGENCY GRANT