



VOUCHER CLAIM FORM

CLAIMANT'S

NAME

AND

ADDRESS

TRUSTEE
APPROVAL

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TAX ID #
REQUIRED

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DATE	SERVICE/PRODUCT DETAILS	INVOICE #	AMOUNT
		TOTAL:	

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: YES