

DEPARTMENT USE ONLY	DEPARTMENT (INDICATE DEPARTMENT PROCESSING THIS VOUCHER ONLY)
	VENDOR NO
	APPROPRIATION NUMBER

Town of Riverhead
 200 HOWELL AVENUE
 RIVERHEAD, NY 11901-2596
 (631) 727-3200

Official Claim Voucher	
VOUCHER NO	
CHECK NO	CHECK DATE
AMOUNT LIQUIDATED	AMOUNT PAID
1	
2	
3	
4	

Vendor Information

CLAIMANT'S NAME	TELEPHONE
ADDRESS	FED ID NO
CITY & STATE	FAX NO

DATE	INVOICE NO	INVOICE DESCRIPTION OF MATERIALS AND SERVICES	AMOUNT

SEND INVOICE & VOUCHER DIRECTLY TO DEPARTMENT WHICH RECEIVED GOODS OR SERVICES AS PER OUR PURCHASE ORDER

CLAIMANT CERTIFICATION I CERTIFY THAT THE ABOVE EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE PROVISION OF THE APPLICABLE STATUTE THAT THE CLAIM IS JUST AND CORRECT THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED THAT THE BALANCE ACTUALLY DUE AND OWING AND THAT THE PRICES CHARGED HEREIN DO NOT INCLUDE FEDERAL EXCISE TAX OR ANY FEDERAL NY SALES TAX AND ARE NOT HIGHER THAN PRICES CHARGED TO ANY GOVERNMENTAL OR CONSUMER FOR LIKE DELIVERIES

CLAIMANT'S SIGNATURE IN INK	TITLE
DATE	NAME OF COMPANY
AMOUNT CLAIMED	

AUDIT USE ONLY	VERIFIED	DEPARTMENT CERTIFICATION I CERTIFY THAT THIS CLAIM IS CORRECT AND THAT SERVICES OR MATERIALS WERE RENDERED, AND PAYMENT IS APPROVED.	AMOUNT DISALLOWED
	AUDITED		NET AMOUNT PAYABLE
	SIGNATURE		
	TITLE		