VENDOR CLAIM FORM

TOWN OF CARMEL

TOWN HALL MAHOPAC, NEW YORK 10541

CLAIMANT'S NAME AND ADDRESS

(Comptroller's Office Use Only)					
VOUCHER NO.					
PURCHASE ORDER NO.					
Date Voucher Received					
APPROPRIATION ACCT. NO.	AMOUNT				
TOTAL CHARGES					
(Comptroller's Office Use Only)					

DEPARTMENT

VENDOR TAX ID#

TOWN OF CARMEL TAX EXEMPT No. 15898

TOWN OF CARMEL

PURCHASE ORDER NO.

Date	Invoice Number	Description of Materials or Services	Unit Price	Amount
	l			
			TOTAL	

VENDOR'S / CLAIMANT'S CERTIFICATION

, certify that the above account in the amount of \$

Ι, is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part 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		TITLE			
(Space below for Municipal Use)						
		APPROVAL FOR PAYMENT				
TOWN DEPARTMENT AF	PPROVAL	The claim is approved a	claim is approved and ordered paid from the appropriations			
		indicated above.				
The above services or materials were render	ed or furnished to the					
municipality on the date started and the charges are correct.						
		COMPTROLLER, TOWN OF CARMEL				
DATE AUTHO	RIZED OFFICIAL	DATE AUDITED	CK NO			