VENDOR CLAIM FORM

TOWN OF CARMEL
TOWN HALL
MAHOPAC, NEW YORK 10541

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

CLAIMANT'S NAME AND ADDRESS

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*
			TOTAL	*0.00*

VENDOR'S / CLAIMANT'S CERTIFICATION

I, _____ , certify that the above account in the amount of $ _____ 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)

TOWN DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the date started and the charges are correct.

_____	_____
DATE	AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

The claim is approved and ordered paid from the appropriations indicated above.

_____
COMPTROLLER, TOWN OF CARMEL

_____	_____
DATE AUDITED	CK NO