VILLAGE OF WESLEY HILLS
432 Route 306
Wesley Hills, NY 10952

CLAIMANT – DO NOT WRITE IN THIS AREA _____

VOUCHER NUMBER

Date voucher received _____

FUND – APPROPRIATION	AMOUNT

Name:
Street Address:
City, State Zip:

DATE	INVOICE NO.	QUANTITY & DESCRIPTION OF MATERIALS/SERVICES	UNIT PRICE	AMOUNT
			TOTAL	

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, and 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**

DEPARTMENT APPROVAL
Thee above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

_____ _____
Date **Authorized Official**

APPROVAL FOR PAYMENT
This claim is approved and ordered paid from the appropriations indicated above.

_____ _____
Date **Authorized Signature**