



TOWN OF ISLIP
TOWN HALL, MAIN STREET
ISLIP, NEW YORK 11751

CLAIM VOUCHER

Against Contract No.....

CLAIMANT'S
NAME
AND
ADDRESS

| DO NOT WRITE IN THIS BOX | | | |
|--------------------------|---------------|--------|--|
| REF. No. | DATE | | |
| TRANS. | APPROPRIATION | AMOUNT | |
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| DESCRIPTION | |
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| CLAIM NO. - | VENDOR NO. - |

PURCHASE ORDER

DEPT.....

DELIVER TO

| Date of Delivery or Service | Quantity | ITEMIZATION Where applicable, unit price must be shown | Unit Price | | Totals | |
|--------------------------------|----------|---|------------|--|--------|--|
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Claimant certifies that the prices herein do not include Federal Excise Tax or any Federal, N.Y. State or N.Y.C. Sales Tax and are not higher than prices charged to any governmental or commercial consumer for like deliveries. **TOTAL** ▾

SEND CLAIM DIRECTLY TO DEPARTMENT WHICH RECEIVED GOODS OR FOR WHOM SERVICE WAS RENDERED.

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 the amount claimed is actually due.

DATE

SIGNATURE

TITLE

(Space Below for Town of Islip Use)

DEPARTMENT APPROVAL

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

DATE

AUTHORIZED OFFICIAL

TITLE

DATE RECEIVED

WARRANT #

DATE PAID

CHECK #

BANK #

CLAIM #

APPROVAL FOR PAYMENT

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

DATE

COMPTROLLER

INSTRUCTIONS TO VENDORS

1. DEPARTMENT—Indicate the department that received the services or supplies. Send one copy of the claim properly completed to that department. Use a separate claim for charges against each department.
2. CLAIMANT'S NAME AND ADDRESS—All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address.
3. TERMS—Show any discounts that are allowed for prompt payment.
4. PURCHASE ORDER No.—If a purchase order has been issued for the items charged on this claim, show the number thereof. Do not fail to attach original (white copy) of purchase order. No claim will be audited for payment if this form is not attached.
5. VENDOR'S INVOICE No.—If the vendor requires an invoice to be returned with the check in order to identify a claim please forward two copies of such invoice when submitting claim. One copy will be attached to the claim and one will be returned to vendor with check.
6. DESCRIPTION OF MATERIALS OR SERVICES—All charges must be itemized. In the space provided in the body of the claim, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, please use an additional claim form and show full total on final sheet. Sign certification on final sheet.

Any company (such as other governmental agencies, utility companies, etc.) that has its own invoice or bill form may refer to it by number or other identification in the body of the claim and show the total in the amount column. Attach the form to this claim.

7. CLAIMANT'S CERTIFICATION—The claimant's certification must be complete. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc. Notary not required.
8. DELIVERY RECEIPTS—Where applicable attach delivery slips signed by the municipal employee receiving the materials.
9. FORWARD CLAIM PROMPTLY—In order to expedite payment this claim should be forwarded promptly after the services have been rendered or the materials have been furnished. PLEASE SEND CLAIM DIRECTLY TO DEPARTMENT MAKING THE PURCHASE OR FOR WHOM SERVICE WAS RENDERED. WHEN IN DOUBT, FORWARD CLAIM TO COMPTROLLER.