TOWN OF UNION, NEW YORK

Print Form

CLAIM FOR PAYMENT

3111 East Main Street, Endwell, New York 13760

VENDOR #: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR CITY, STATE, ZIP: _____

BILLS MUST BE MADE ON THIS FORM AND RETURNED TO THE OFFICE OF THE COMPTROLLER

APPROPRIATION - CODE	AMOUNT
**TOTAL ----------> **	

DATE	INVOICE #	DESCRIPTION OF MATERIALS OR SERVICES	AMOUNT
		TOTAL	

NOTICE TO VENDOR:

1. For check in payment hereof, call at Comptroller's Office, Town Hall.

2. Charges against different departments **MUST NOT** be made on the same claim.

3. Failure to follow the instructions on this blank or those printed on orders issued to you may prevent payment of this claim.

4. If any person shall present to the Comptroller for audit in the name of any person or firm other than of the actual claimant, he shall be guilty of a misdemeanor.

CLAIMANT'S CERTIFICATION :

I, _____ do hereby certify the following:

I am the person making the within claim; and

That the items of the said claim are, in all respects, correct; and
That the disbursements and services therein charged have been in fact made and rendered to, or for, the Town of Union on the dates stated;

That no part has been paid or satisfied; and

That the same is justly due and owing; and

That there are no Federal or New York State taxes included in this bill.

DATE: _____ **TITLE:** _____ **SIGNATURE:** _____