TOWN	OF UNION	, NEW YORK	CLAIM FOR PAYMENT		
3111 East Main Street, Endwell, New York 13760  BILLS MUST BE MADE ON THIS RETURNED TO THE OFFICE OF THE					
VENDOR #:		- SEAL A	APPROPRIATION - CODE	AMOUNT	
VENDOR NAME:					
VENDOR ADDRESS:					
VENDOR CITY, STATE, ZIP:		:	TOTAL>		
DATE	INVOICE #	DESCRIPTION OF MATERIALS	OR SERVICES	AMOUNT	
	1				
			TOTAL		
NOTICE TO		ereof, call at Comptroller's Office, Town Hall.			
		nt departments <b>MUST NOT</b> be made on the same claim.			
3. Failure to	follow the ins	tructions on this blank or those printed on orders issued	to you may prevent payment of this cla	nim.	
	rson shall pres nisdemeanor.	ent to the Comptroller for audit in the name of any perso	on or firm other than of the actual claim	nant, he shall be	
CLAIMANT	'S CERTIFICAT	TION:			
l,		do hereby certify th	e following:		
I am the per	rson making th	ne 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:
-------	--------	--	------------