

DEPARTMENT (INDICATE DEPARTMENT PROCESSING THIS VOUCHER ONLY)

VENDOR NO

Town of Riverhead
 200 HOWELL AVENUE
 RIVERHEAD, NY 11901-2596
 (631) 727-3200

Official Claim Voucher

VOUCHER NO

CHECK NO CHECK DATE

APPROPRIATION NUMBER	PURCHASE ORDER NO	INVOICE NO	AMOUNT LIQUIDATED	AMOUNT PAID
1				
2				
3				
4				

Vendor Information

CLAIMANT'S NAME	TELEPHONE
ADDRESS	FED ID NO
CITY & STATE	FAX NO


DATE	INVOICE NO	INVOICE DESCRIPTION OF MATERIALS AND SERVICES	AMOUNT

SEND INVOICE & VOUCHER DIRECTLY TO DEPARTMENT WHICH RECEIVED GOODS OR SERVICES AS PER OUR PURCHASE ORDER

CLAIMANT CERTIFICATION I CERTIFY THAT THE ABOVE EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE PROVISION OF THE APPLICABLE STATUTE THAT THE CLAIM IS JUST AND CORRECT THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED THAT THE BALANCE ACTUALLY DUE AND OWING AND THAT THE PRICES CHARGED HEREIN DO NOT INCLUDE FEDERAL EXCISE TAX OR ANY FEDERAL NY SALES TAX AND ARE NOT HIGHER THAN PRICES CHARGED TO ANY GOVERNMENTAL OR CONSUMER FOR LIKE DELIVERIES

CLAIMANT'S SIGNATURE IN INK TITLE

DATE NAME OF COMPANY

AMOUNT CLAIMED 

AUDIT USE ONLY

VERIFIED

AUDITED

DEPARTMENT CERTIFICATION I CERTIFY THAT THIS CLAIM IS CORRECT AND THAT SERVICES OR MATERIALS WERE RENDERED, AND PAYMENT IS APPROVED.

SIGNATURE

TITLE

AMOUNT DISALLOWED

NET AMOUNT PAYABLE

VENDOR COMPLETE THIS SECTION ONLY

DEPARTMENT USE ONLY