VENDOR CLAIM FORM

TOWN OF CARMEL
TOWN HALL
MAHOPAC, NEW YORK 10541

CLAIMANT'S NAME AND ADDRESS

DEPARTMENT _____

VENDOR TAX ID# _____

TOWN OF CARMEL TAX EXEMPT No. A-158985

(Comptroller's Office Use Only)	
VOUCHER NO.	
PURCHASE ORDER NO.	
Date Voucher Received	
APPROPRIATION ACCT. NO.	AMOUNT
TOTAL CHARGES	
(Comptroller's Office Use Only)	

TOWN OF CARMEL

PURCHASE ORDER NO. _____

Date	*Invoice Number*	*Description of Materials or Services*	*Unit Price*	*Amount*
			TOTAL	

VENDOR'S / 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 that the amount claimed is actually due.

_____ _____ _____

DATE ***SIGNATURE*** ***TITLE***

(Space below for Municipal Use)

TOWN DEPARTMENT APPROVAL

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

_____ _____

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

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

_____

COMPTROLLER, TOWN OF CARMEL

_____ _____

DATE AUDITED CK NO