Incorporated Village of West Hampton Dunes
P.O. Box 728, Westhampton Beach, NY 11978

V O U C H E R

DEPARTMENT_____

DO NOT WRITE IN THIS BOX - FOR MUNICIPAL USE ONLY

Data Voucher Received		
FUND - APPROPRIATION	**AMOUNT**	
TOTAL		
Paid by Check No.		

CLAIMANT'S NAME AND ADDRESS

TERMS _____

Vendor's Ref. No _____

Dates	Quantity	Description of Materials or Service	Unit Price	Amount
			TOTAL	

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 is actually due.

DATE	SIGNATURE	TITLE

(Do not Write in Space Below - For Municipal Use Only)

DEPARTMENT APPROVAL	APPROVAL FOR PAYMENT
The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.	This claim is approved and ordered paid from the appropriations indicated above.
DATE **AUTHORIZED OFFICIAL**	**DATE** **AUDITING BOARD**