TOWN OF HIGHLANDS
254 Main Street
Highland Falls, NY 10928

Invoice No.
Invoice Date.
Terms.

Claimant's Name:

Street:

City, State, Zip:

Department:

_____

Date	Quantity	Material or Services	Unit Price	Amount

Claimant's Certification

I,_____do hereby certify that all of the items of the above claim are true and correct; that the property or merchandise show thereon was actually delivered; that the services show thereon were actually rendered; that the disbursements show thereon were actually and necessarily made; that no part of such claim has been paid or satisfied.

I do further certify that I have been duly authorized and empowered by the claimant to execute in his behalf this certificate.

Dated:_____ _____ _____

(Signature) (Title)

Departmental Approval

The Above Material or Services were Furnished or rendered to this municipality and the charges are correct

_____ _____

(Date) (Authorized Official)

Audit and Approval for Payment

This Claim is approved and ordered paid from appropriations indicated hereon.

_____

_____

_____

_____

Code No.
Check No.
Voucher No.