

VILLAGE OF DOBBS FERRY
112 Main Street
Dobbs Ferry, NY 10522

CLAIM NUMBER

[illegible][illegible]

PLEASE SIGN VOUCHER
AND RETURN FOR PAYMENT

CLAIMANT'S CERTIFICATION

I, _____, CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF \$_____ IS TRUE AND CORRECT; THAT THE ITEMS 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 TRUE.

TITLE

(SPACE BELOW FOR MUNICIPAL USE ONLY)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges correct.

AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

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

AUDITING BOARD