

INCORPORATED VILLAGE OF UPPER BROOKVILLE

24 Wolver Hollow Road

Glen Head, NY 11545

P: 516-624-7715



Claimant's Name: _____

Address: _____

DATE	PARTICULARS	AMOUNT	TOTAL

I hereby certify that the items of this claim are correct, that the property or merchandise was actually delivered, the services have been actually rendered, the disbursements actually and necessarily made, and no part of the claim has been paid or satisfied.

Signature: _____ Date: _____

DO NOT WRITE IN THIS SPACE

The above claim is hereby approved for payment in the sum of \$ _____ Check # _____
and payment of approved amount ordered at a meeting held _____ 20____
from _____ fund.

Mayor/Trustee: _____ Clerk/Treasurer: _____