



**Town of Brookhaven
Long Island**
Department of Finance
Accounts Payable Section
One Independence Hill
Farmingville, NY 11738

Tel (631) 451-6680 Fax (631)451-6692

CLAIM VOUCHER

Check Date	Page
Voucher No	Check No.

V e n d o r	Vendor No
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S h i p T o

Invoice Number _____ **Invoice Date** _____

Description _____ **Due Date** _____ **Total Amount** _____

PO Number _____ **Warrant** _____ **Status** _____

G/L Account _____ **Description** _____ **Amount** _____

PAYEE CERTIFICATION: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing and that taxes from which the Town is exempt are excluded.

Payees Signature in ink

Date _____ Title _____

DEPARTMENT CERTIFICATION: I hereby certify that the materials specified above have been received by me in good condition without substitution; that the services have been properly performed to my satisfaction; that the quantities have been verified; and that the payment is approved.

Commissioner's or Department Head's Signature in ink

Date _____ Title _____

Department of Finance	
Reviewed	Verified
T.B.R. Compliance	Contract Compliance
Approved for Payment	