

Vendor # _____

Purchase Order # _____

SOLD TO THE VILLAGE/TOWN OF MOUNT KISCO, NEW YORK

MAIL THIS CLAIM TO: VILLAGE OF MOUNT KISCO
104 MAIN STREET
MOUNT KISCO, NEW YORK 10549

VENDOR _____

ADDRESS _____

CITY, STATE ZIP _____

| DATE | INVOICE | QUANTITY | DESCRIPTION | AMOUNT |
|------|---------|----------|-------------|--------|
|------|---------|----------|-------------|--------|

TOTAL

NOTICE: THIS CERTIFICATION MUST BE SIGNED BY CLAIMANT PERSONALLY OR BY A MEMBER OF THE FIRM OR OFFICER OF A COMPANY.

I certify that the above items have been received and the charges are correct to the best of my knowledge.

I hereby certify that the items on the above bill are correct; the services rendered, material furnished and/or disbursements charged there have in fact been rendered, furnished, and that not part thereof has been paid or satisfied by the Village.

Department Head

Audited by

Claimant

Title

Date _____
Acct. No. _____

CHECK DATE _____

CHECK NO. _____

VILLAGE USE ONLY