



CLAIM
Board of Commissioners
 BETHPAGE WATER DISTRICT
 25 ADAMS AVE
 BETHPAGE NY, 11714-1340

(516) 931-0093

Claimant's Name	Purchase Order or Contract No.	Claimant's Invoice Number
Claimant's Address	Taxpayer Identification Number Federal ID # _____ OR Social Security # _____	

FOLLOW INSTRUCTIONS THEN RETURN CLAIM AND INVOICES TO THE WATER DISTRICT

DETAILED DESCRIPTION OF MATERIALS AND / OR SERVICES			
Date	Description	Unit Price	Total
		Shipping:	0.00
		Handling:	0.00
TOTAL AMOUNT			

I HEREBY CERTIFY the above articles were sold and delivered and or the above services rendered to the BETHPAGE WATER DISTRICT on the dates and for the prices or amounts billed; that the above bill is just, true and correct; that no part thereof has been paid except as stated therein and that the balance therein stated in the amount of:

_____ is actually due and owing, and that taxes from which the BETHPAGE WATER DISTRICT is exempt are excluded there from. Claimant further certifies that the unit prices charged herein are not higher than those charged to any governmental or commercial consumer for like deliveries.

Signature: _____ **Title:** _____ **Date:** _____

Print or type name: _____ **Name of Company:** _____

THE ABOVE CERTIFICATE MUST BE PROPERLY FILLED OUT BY CLAIMANT

DO NOT WRITE IN THIS SPACE

The above claim is hereby approved for payment in the sum of \$ _____ and payment of approved amount ordered from _____ Fund.

Payment in Order: _____ Superintendent _____ Chairman

Vendor No. _____ Secretary

G/L Account No. _____

CHECK No. _____ Date Paid _____ Treasurer