## INCORPORATED VILLAGE OF ROSLYN 1200 OLD NORTHERN BLVD. ROSLYN, NEW YORK 11576



## **CLAIM FORM FOR PAYMENT**

786	PAY TO:		<b>DATE:</b>					0 _		
	FOR:							_		
DATE	DESCRIPTION OF SUPI	PLIES/LABOR	QUANTITY	UNIT	S	UNIT	COST	Т	OTAL	COST
					+					
TOTAL										
Village U	Use Only  OVED:	DATE	AUDIT	ED:	BY			I	OATE	
AFFIDAVIT State of New York : County of Nassau ss:						OUNT	NUMBE	R	AMOU	J <b>NT</b>
(Nome of	person making sworn ststemer									
(Maine of	person making sworm sistemer	ιι)								
(Address)  In said County hereby certifies that the items for disbursement and services set forth in the forgoing account presented are correct; that the materials, supplies or services as itemized above have been furnished and that no part or portion thereof has been paid or otherwise satisfied to the date hereof.						TOTAL				
						DATE			СНЕС	CK NO.
DATE	OATE SIGNATURE OF PERSON MAKING AFFIDAVIT					):				