CLAIM

Great Neck
Water Pollution Control District

236 East Shore Road
Great Neck, N.Y. 11023
516 482-0238

FOR OFFICE USE ONLY

Claim #..... **Check #** .....

Date.....

Approved by:

BUDGET CODE	DEPARTMENT 8110	8120	8130
	801	810	820

VENDOR _____

_____
Address

_____
City State Zip Code

Print or type your name and address above.

CHECKED BY .....
(Initials)

Date of Service		Invoice #	Particulars – Attach invoice	Unit Price		Totals	

DO NOT INCLUDE FEDERAL , STATE OR LOCAL TAXES

The undersigned hereby certifies that the items of the bill set forth herein, in the sum of $_____ are correct and that the said bill, or any part thereof, has not previously been presented to the Board of Commissioners of the Great Neck Water Pollution Control District for audit and payment; and that the materials have been supplied and/or service rendered for the value indicated and that no part of this bill has been previously paid or satisfied. All State and Federal Excise Taxes excluded.

Signature _____ Title _____

Print or type name _____ Name of Company _____

Date _____

(This form is printed on recycled paper)