Village of Baxter Estates
CLAIM

Claim No. _____

Claimant: _____

Street & No: _____

Post Office: _____

Date	Itemized Account of Materials, Supplies, and/or Service	Amount
		$
	Total Amount	$

I HEREBY CERTIFY that the above articles were sold and delivered and or the above service rendered to the Village of Baxter Estates on the dates and for the prices or amounts billed ; that the above bill is just, true and correct; that no part thereof has being paid except as stated therein and that the balance therein stated is actually due and owing, and that taxes from which the village of Baxter Estates is exempt are excluded there from.

CLAIMANT FURTHER CERTIFIES that the unit prices charged herein are not higher than any applicable legal maximum prices permitted under existing governmental regulations and are not in excess of those currently charged to other governmental, institutional, or commercial users for similar items, quantities and deliveries.

Signature: _____

Print Name/Title: _____

Date: _____

Audited and allowed by resolution of the Board of Trustees.

Date: _____

Village Clerk: _____

VILLAGE OF BAXTER ESTATES
PORT WASHINGTON, N.Y. 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058