

Claim No. _____

CLAIM
Incorporated Village of Baxter Estates
315 Main Street
Port Washington, NY 11050-2705

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 been 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 thereof.

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-
Treasurer _____