

# VOUCHER REQUEST FORM

**VILLAGE OF TUCKAHOE**

65 Main Street  
 Tuckahoe, New York 10707  
 914-961-3100  
 Tax Exemption Certificate:13-6007336

Vendor ID No.: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 Check Date: \_\_\_\_\_  
 Bank: Hudson Valley National Bank

**CLIENT'S NAME & ADDRESS**

Department/Account Number	Code	Amount
Total:		

SS# \_\_\_\_\_

Date expenses Incurred	Complete Description of Materials or Services and Purposes Thereof	Unit Price	Aggregate Amount
Total:			

**DECLARATION BY CLAIMANT**

I, \_\_\_\_\_ hereby certify that (a) I am the \_\_\_\_\_ of \_\_\_\_\_ ;  
 (b) the above described account in the amount of \$ \_\_\_\_\_ is true, complete and correct; (c) the above described items, services and/or disbursements were rendered to or for the Village of Tuckahoe on the dates indicated; (d) no part of the above described amount(s) have been previously paid or satisfied, in whole or in part; (e) all taxes, from which the Village of Tuckahoe is exempt, are not included in the above described amount(s); and (f) the above described amount(s) claimed is actually due and owing by the Village of Tuckahoe.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
 Name & Title

**DEPARTMENTAL APPROVAL**

The above described materials or services were rendered or furnished to the Village of Tuckahoe on the dates indicated and the charges are true, complete and correct. I have verified that there are sufficient monies in the appropriate fund account for payment of the above described claim.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD APPROVAL FOR PAYMENT**

This claim is approved and shall be paid from the fund account indicated above.  
 (Three signatures are required.)

By: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_