

**TAX EXEMPT NO.**  
**06-1072255**

**CLAIM#**

**CLAIM VOUCHER  
(GENERAL FUND)  
VILLAGE OF RYE BROOK  
TREASURER'S OFFICE  
938 King Street  
Rye Brook, NY 10573  
(914) 939-1257 Fax (914) 939-1160**

\_\_\_\_\_ Date Voucher/Invoice Received \_\_\_\_\_  
**FUND-Appropriation** \_\_\_\_\_ **Amount** \_\_\_\_\_

\_\_\_\_\_  
**Vendor's Name**

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Invoice Dated

**VENDOR NO.** \_\_\_\_\_

**PURCHASE ORDER NO.** \_\_\_\_\_ **TOTAL** \_\_\_\_\_

<b>DATE</b>	<b>QUANTITY</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>

**DEPARTMENT APPROVAL**

The above services or materials were rendered or furnished to the municipality on the above dates stated & charges are correct.

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
BUDGET OFFICER

**CLAIMS AUDITOR APPROVAL**

This claim is approved & ordered paid from the appropriations indicated below.

\_\_\_\_\_  
DATE CLAIMS AUDITOR

FIXED ASSETS \_\_\_\_\_  
CONTACT NO. \_\_\_\_\_  
BIDS ATTACHED \_\_\_\_\_  
1099 VENDOR \_\_\_\_\_  
TAX/SS NO. \_\_\_\_\_

Voucher \_\_\_\_\_ Imputed \_\_\_\_\_  
Treasurer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_