CLAIM

BREWSTER - SOUTHEAST JOINT FIRE DISTRICT

501 North Main Street
Brewster, New York 10509

Main: (845) 279-3555
Fax: (845) 279-8849

Sta. #1: (845) 279-9229
Comm: (845) 279-6105

To _____
(vendor name)

Address _____

_____
(vendor address)

Acc't. # A

Acc't. # A

Acc't. # A

Voucher #

Check #

To Cover Merchandise or Services as Follows:

Date	**Description**	**Amount**
	TOTAL	$

TO BE FILLED IN BY CLAIMANT

NOTE: THIS CERTIFICATE MUST BE MADE BY CLAIMANT PERSONALLY IF AN INDIVIDUAL OR BY A MEMBER OF THE FIRM OR OFFICER OF A COMPANY, BEFORE ANY OBLIGATIONS CAN BE PAID.

The undersigned claimant hereby certifies that the forgoing claim and the items charged therein are just, true and correct: that the disbursements, services and articles charged therein have in fact been actually made, rendered and furnished; that no part thereof has been heretofore presented for payment, paid, satisfied, or otherwise settled and there are no offsets against the same: that the prices charged are true, correct, not excessive and for the fair and true value thereof and in accordance with the terms of any contract or agreement therefor.

Dated, the ___ day of _____ 20____

_____
Signature (Claimant) **Title**

Instructions: ☙ **Sign and Return** ☙ **Use with Next Purchase**

To Treasurer, Brewster-Southeast Joint Fire District

Pay this claim for the sum of $

Audited and approved by the
Commissioners of the Brewster
Southeast Joint Fire District

____ _____ 20 ____

_____
_____
_____
_____
_____
Commissioners