

Please Fill Out Claim And Attach ALL Receipts And / Or Invoices. *Do Not Attach Statements*
 Requests For Payment **MUST** Be Received By The 1st Of The Month For Approval By The Board At The Regular Meeting.

Submit Claims To The District Treasurer Directly, Or By Mail, Or To: Invoice@BSEJFD.COM

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)

Acc't. # A

Address _____

 (vendor address)

Acc't. # A

Acc't. # A

Voucher #

Check #

To Cover Merchandise or Services as Follows:

<u>Date</u>	<u>Description</u>	<u>Amount</u>
	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