VILLAGE OF KINDERHOOK
P.O. BOX 325
KINDERHOOK, NY 12106

DEPARTMENT

CLAIMANTS
NAME
AND
ADDRESS

DETAILED INVOICES MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER, CERTIFICATION BELOW MUST BE SIGNED.

PURCHASE

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENDOR'S INVOICE NO.</th>
<th>QUANTITY</th>
<th>DESCRIPTION OF MATERIALS OR SERVICES</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLAIMANT'S CERTIFICATION

I, ____________________________________________________________, certify that the above account in the amount of ________________________ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that all parts have been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually correct.

DATE ________________________ SIGNATURE ________________________ TITLE ________________________

DEPARTMENTAL APPROVAL

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

DATE ________________________ AUTHORIZED OFFICIAL ________________________

APPROVAL FOR PAYMENT

This claim is approved and order paid from this appropriations indicated above.

DATE ________________________ AUDITING BOARD ________________________