

INVOICES MUST BE RENDERED IN TRIPPLICATE DIRECT TO THE APPROPRIATE SCHENECTADY COUNTY DEPARTMENT FOR WHICH THE GOODS OR SERVICES HAVE BEEN PROVIDED. Claims must be made separately for items chargeable to different departments of the County and must be fully itemized. Claimant assumes risk of authority to bind County. Labor must show names of persons actually performing the work. Certification must be made by an officer of a corporation or co-partner if a partnership. If a bookkeeper, clerk, or other subordinate signs, claim must be accompanied by written authority for such signature.

SCHENECTADY COUNTY STATE OF NEW YORK		LEAVE THESE SPACES BLANK	
DATE:		CHECK NO:	
CONTRACT NUMBER		DATE PAID:	
NAME & ADDRESS OF CLAIMANT		TERMS APPROVED	CALCULATIONS CHECKED
		CHARGE ACCOUNT NO(S):	
		CLAIM APPROVED FOR \$	
DEPT. FURNISHED:	Children with Special Needs Program	SIGNED:	

DATE	DESCRIPTION	AMOUNT
TOTAL:		\$ -

DEPARTMENT HEAD SIGNATURE

CERTIFICATION

I, _____, do hereby certify I am _____ (if individual, leave blank; if co-partnership write "member of firm of _____", if corporation, name of officer and name of corporation) that the labor or materials for which this payment is made have actually been performed or furnished by me, as stated on the face of this order or attached bill; that the items of the account are true and correct, that no Federal or State taxes for which the County is exempt are included in the purchase price, and that no part of the same has been previously paid.

PAYEE SIGNATURE: _____ Original Remittance Department