

CLAIM

Port Washington
Water Pollution Control District
 70 Harbor Road
 Port Washington, NY 11050
 516 944-6100

Claim No. _____ PO No. _____

Account No.	Amount

Vendor _____

_____ Address

_____ City State Zip Code

Date of Delivery Or Service	Invoice No.	Itemized Account of Materials, Supplies & Personal Service	Quantity	Unit Price	TOTALS
DO NOT INCLUDE FEDERAL, STATE OR LOCAL TAXES			TOTAL		

Vendor's Certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing and that taxes from which the Port Washington Water Pollution Control District is exempt are excluded.

_____ Date Vendor's Signature _____ Title