

INVOICES MUST BE RENDERED IN TRIPLICATE 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.

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

DATE	DESCRIPTION	AMOUNT
<b>TOTAL:</b>		\$

\_\_\_\_\_  
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