ROSLYN WATER DISTRICT—CLAIM

24 WEST SHORE ROAD
ROSLYN, NEW YORK

GOV'T INSTALLATION TAX EXEMPT

DO NOT WRITE IN THIS SPACE

Received .....

Pay't Approved .....

Ext. OK'd .....

Date Paid .....

Check No. .....

Post Ref. .....

Account No. .....

To .....

Street and No. .....

Post Office .....

Claimant's Invoice No. .....

Date of Delivery or Service		Purchase Order No.	Amount of Purchase Order $ Terms:	Unit Price		TOTALS	
Year			ITEMIZATION				
			TOTAL AMOUNT				

I HEREBY CERTIFY the above articles were sold and delivered and/or the above service rendered to the Roslyn Water District on the dates and for the prices or amounts billed; that the above bill is just, true and correct; that no part thereof has been paid except as stated therein and the balance therein stated is actually due and owing, and that taxes from which the Roslyn Water District is exempt are excluded therefrom.

CLAIMANT FURTHER CERTIFIES that the unit prices charged herein are not higher than any applicable legal maximum prices permitted under existing governmental regulations and are not in excess of those currently charged to other governmental, institutional, or commercial users for similar items, quantities, and deliveries.

Signature .....
(Print or Type Name Under Signature)

..... (Title)

Dated ....

..... (Name of Company)