

CAPITAL PROJECT CLAIM VOUCHER

CLAIMANT: Fill out areas printed in red

DATE OF VOUCHER MO (2) DY (2) YR (2)	FUND (3)	PROJECT TITLE	VOUCHER ID	DEPT. PW	VOUCHER NUMBER M	TAX <input type="checkbox"/> N <input type="checkbox"/> T
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VENDER INFORMATION:
ACTION VF NUMBER (9) ADDR CODE (2)

NAME (30) _____
ADDRESS (30) _____
(30) _____
(30) _____

CLAIMANT'S CERTIFICATION

I hereby certify that all items or services were delivered or rendered as set forth in this claim voucher and all attachments hereto; that the prices charged are in accordance with the referenced contract; that the claim voucher is just, true and correct; that the balances stated herein is actually due and owing; that no taxes from which the County is exempt are included; and that any amounts claimed for disbursements have actually and necessarily been made.

CLAIMANT'S NAME (as shown on contract) _____ DATE _____
X _____ TITLE _____
BY (signature)

PROJECT ID	SUBJ	PRDT	REFERENCED ENCUMBRANCE ID	CLAIMANT'S INVOICE NUMBER (10)	F I P	DPW EST NO. & EST PERIOD END DATE
			LINE NO.			DPW CONTRACT NUMBER

ORIGINAL CONTRACT AMOUNT (1) \$ _____	CONTRACT AMENDED AMOUNTS (2) \$ _____	CURRENT CONTRACT AMOUNT (3) = (1+2) \$ _____
COSTS CLAIMED PRIOR PERIODS (4) \$ _____	COSTS CLAIMED THIS PERIOD (5) \$ _____	COSTS CLAIMED TO DATE (6) = (4+5) \$ _____
CASH RETAINAGE PRIOR PERIODS (7) \$ _____	CASH RETAINAGE THIS PERIOD (8) \$ _____	CASH RETAINAGE TO DATE (9) = (7+8) \$ _____
BONDS IN LIEU OF CASH RETAINAGE (10)	PYMTS. TO CONT. THIS PERIOD (11) = (5-8) \$ _____	PYMTS. TO CONT. TO DATE (12) = (6-9) \$ _____

LINE	PROJECT ID	PRDT	SUBJ	AMOUNT	LINE	PROJECT ID	PRDT	SUBJ	AMOUNT
1					3				
2					4				

RETAINAGE ONLY →

		DEPT PW							
LINE	PROJECT ID	PRDT	SUBJ	AMOUNT	LINE	PROJECT ID	PRDT	SUBJ	AMOUNT
1					3				
2					4				

<p>PROJECT MANAGER'S / ENGINEER'S CERTIFICATION</p> <p>I hereby certify that either all items claimed were delivered and/or all services were rendered and are correct as set forth on this claim and attachments hereto as supported by the books and records maintained by this office and were for the County of Nassau and that the prices charged are correct as claimed.</p> <p>_____ SIGNATURE</p> <p>_____ TITLE</p> <p>_____ DATE</p>	<p>PUBLIC WORKS CERTIFICATION</p> <p>I hereby certify that I have examined this voucher and all attachments hereto and recommended its approval as a proper charge against the appropriation shown above.</p> <p>_____ SIGNATURE</p> <p>_____ TITLE</p> <p>_____ DATE</p>
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<p>DEPARTMENT CERTIFICATION</p> <p>I hereby approve this claim for</p> <p>\$ _____ for materials, services and/or disbursements herein.</p> <p>_____ SIGNATURE</p> <p>_____ TITLE</p> <p>_____ DATE</p>	<p>COMPTROLLER'S APPROVAL</p> <p>I hereby audit and allow this claim for</p> <p>\$ _____ and order a warrant drawn against the fund or account indicated above.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">MO. DY. YR.</td> <td style="width:70%;">EXAM. & VERIFIED</td> </tr> </table> <p>_____ For the County Comptroller (Warrant Date and Number Perforated)</p>	MO. DY. YR.	EXAM. & VERIFIED	<p>CERTIFICATE OF ACCEPTANCE INTO FAMIS.</p> <p>I certify that this document was accepted into FAMIS.</p> <p>_____ INITIALS</p> <p>_____ DATE</p>	<p>PAGE</p> <p>_____ OF _____</p>
MO. DY. YR.	EXAM. & VERIFIED				