



City of Binghamton, New York

38 Hawley Street
Binghamton, New York 13901

CLAIM FOR PAYMENT

INVOICES MUST BE ATTACHED TO THIS FORM AND SENT TO THE OFFICE OF THE CITY COMPTROLLER.

VENDOR #:

Empty box for Vendor #

CLAIMANT :

Empty box for Claimant details

Table for invoice details: BC, Invoice #, Invoice Date, Invoice Amt, Description on check

DETAILS:

Large empty box for details

Table with 5 columns: G/L ACCOUNTS, IDIS #, ORG, OBJECT, PROJECT, AMOUNT. Includes a TOTAL row at the bottom right.

NOTICE TO VENDOR:

- 1. Check in payment hereof, will be mailed to address specified on attached invoice.
2. Detailed invoice must be attached to this, in order for payment to be processed.
3. Failure to follow the instructions on this blank or those printed on orders issued to you may prevent payment of this claim.
4. Section 64 of the Second Class Cities Law provides that "No claim shall be audited or paid until at least five days have elapsed after its presentation to the Comptroller, the Comptroller shall not be required to audit claim until two weeks have expired after the expiration of such period of five days. *** If any person shall present to the Comptroller for audit in the name of any person or firm other than of the actual claimant, he shall be guilty of a misdemeanor".

CLAIMANT'S CERTIFICATION:

I, _____, certify that the above account in the amount of \$ _____ is true and correct; that the items, services and disbursements charged were rendered to or for the City of Binghamton on the dates stated, that no part has been paid or satisfied; that taxes, from which the Municipality is exempt, are not included; and that the amount claimed is actually due.

Approval and signature section with fields for DATE, SIGNATURE, TITLE, DEPARTMENTAL APPROVAL, APPROVAL FOR PAYMENT, and AUDITED BY.