

CAPITAL PROJECT CLAIM VOUCHER

CLAIMANT: Fill out areas
printed in red

DATE OF VOUCHER MO DY YR (2) (2) (2)	FUND (3)	PROJECT TITLE _____ _____	VOUCHER ID	TAX <input type="checkbox"/> N <input type="checkbox"/> T
			DEPT. PW	VOUCHER NUMBER M

VENDER INFORMATION:

ACTION NUMBER (9) ADDR CODE (2)
VF _____

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 _____
BY (signature) _____ TITLE _____

PROJECT ID	SUBJ	PRDT	REFERENCED ENCUMBRANCE ID	CLAIMANT'S INVOICE NUMBER (10)	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				

PROJECT MANAGER'S / ENGINEER'S CERTIFICATION

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.

SIGNATURE

TITLE

DATE

PUBLIC WORKS CERTIFICATION

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.

SIGNATURE

TITLE

DATE

DEPARTMENT CERTIFICATION

I hereby approve this claim for

\$ _____
for materials, services and/or disbursements herein.

SIGNATURE

TITLE

DATE

COMPTROLLER'S APPROVAL

I hereby audit and allow this claim for

\$ _____
and order a warrant drawn against the fund or account indicated above.

MO.	DY.	YR.	EXAM. & VERIFIED

For the County Comptroller (Warrant Date and Number Perforated)

CERTIFICATE OF ACCEPTANCE INTO FAMIS.

I certify that this document was accepted into FAMIS.

INITIALS

DATE

PAGE _____ OF _____