

Town of Berne



Company/Individual Name				
Street Address				
City & State				
Zip Code				
Phone Number				
Email				
Date of Service or Delivery				
Purchase Order Number				
Contract or Bid Reference Number				
Date	Quantity	Description of Services	Unit Price	Amount \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		TOTAL DUE		\$_____

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

Date

Signature

Title