COUNTY OF NASSAU   **CLAIM VOUCHER**

INVOICE NUMBER

①

DOCUMENT # |____|____|____|____|____|____|____|____|____|____|____|____|____|
(FOR NASSAU COUNTY DEPARTMENT USE ONLY)

ORDER /CONTRACT NO.

② |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

BLANKET ORDER   NO.

③ |__|__|__|__|__|__|__|__|__|__|__|__|

VENDOR INFORMATION: NUMBER (9)   SUFFIX (2)

DISCOUNT AMOUNT   **DISCOUNT DATE**
                              MO (2)   DY (2)   YR (2)

④ _____   ⑤ _____

NAME (30) _____

⑥

(30) _____

CLAIMANTS CERTIFICATION

I hereby certify that this claim voucher is just, true, and correct; that the amount claimed is actually due and owing and has not been previously claimed; that no taxes from which the County is exempt are included; and that any amounts claimed for disbursements have actually and necessarily been made. I further certify that all items and/or services were delivered or rendered as set forth in this claim, and for all items and/or services delivered or rendered in accordance with a purchase order or contract that the prices charged are in accordance with the reference purchase order or contract. For all claims made as reimbursement for employee expenses, I further certify that the amounts set forth were actually and necessarily expended for the benefit of Nassau County, and that the monies expended have not been reimbursed nor do I expect to be reimbursed from any source.

ADDR (30) _____

⑦

⑧ _____   _____

Claimants Name   Date

X

(30) _____

By (Signature)   Title

(30) _____

DEPT. GOODS OR SERVICES DELIVERED TO   **VENDOR'S PAYMENT TERMS**

⑨   ⑩

⑪ DATE DELIVERED	ITEMIZATION	UNIT PRICE	AMOUNT
		⑫ TOTAL CLAIMED ▶	

For Nassau County Department Use Only:
NIFS ACCOUNT CODES   *Please note that only one invoice is payable per claim voucher. The invoice may be charged to more than one account code.*

LINE #	INDEX	SUBOBJ	USERCODE	PROJECT	PROJDETAIL	GRANT	GRTDETAIL	G/L ACCOUNT	SUBSIDIARY	AMOUNT
1										

INVOICE NO or CLAIM NO and DESCRIPTION (50):
FORMAT - "invoice no. or claim no." description

LINE #	INDEX	SUBOBJ	USERCODE	PROJECT	PROJDETAIL	GRANT	GRTDETAIL	G/L ACCOUNT	SUBSIDIARY	AMOUNT
2										

INVOICE NO or CLAIM NO and DESCRIPTION (50):
FORMAT - "invoice no. or claim no." description

LINE #	INDEX	SUBOBJ	USERCODE	PROJECT	PROJDETAIL	GRANT	GRTDETAIL	G/L ACCOUNT	SUBSIDIARY	AMOUNT
3										

INVOICE NO or CLAIM NO and DESCRIPTION (50):
FORMAT - "invoice no. or claim no." description

LINE #	INDEX	SUBOBJ	USERCODE	PROJECT	PROJDETAIL	GRANT	GRTDETAIL	G/L ACCOUNT	SUBSIDIARY	AMOUNT
4										

INVOICE NO or CLAIM NO and DESCRIPTION (50):
FORMAT - "invoice no. or claim no." description

NC Department _____   **Amount Approved $** _____

Contact Person _____   **Date** _____

Telephone No. _____   **Comptrollers Approval** _____

FORM NIFS560.11/98 NCPG   **COMPTROLLER COPY**   **CO-155-A.3/98 REV. 10/00**

Instructions for Completing County of Nassau Claim Voucher NIFS560

The numbers below refer to the circled numbered areas on the claim voucher. The claimant should fill in all those areas that are numbered on the face of this form. The completed and signed claim voucher and accompanying documentation should be mailed to the Nassau County department that has received the goods or services.

1 Enter your invoice number if applicable.

2 Order or contract # - Complete this section only if your claim is against an encumbered purchase order, delivery order, or contract . The code will be shown on the order, or contract. Do not complete this section if your claim is against an unencumbered blanket order, or other authority.

3 Blanket order # - Complete this section only if your claim is against a blanket order.

4 Vendor identification Number - Insert your nine-digit Federal identification number, or, if an individual without such a number, insert your social security number.

5 Vendor number suffix - If your organization services us from more than one location, include the two digit suffix which has been assigned to you. The suffix may be found on the order or contract.

6 Vendor name - Complete this area with the name as it appears on our order or contract with you.

7 Vendor address - Complete this area with your remit to address.

8 Claimant's certification - Read the certification language carefully and complete this area. The claimant name must be exactly as shown on the contract or order. This must be signed and dated by an authorized person within your organization. Claim vouchers not properly certified will be returned to you unpaid.

9 Destination - Indicate to which Nassau County department the goods or services were delivered.

10 Terms - The vendor should state the terms of payment. Any offered discounts should be stated here.

11 Date of delivery or service, itemization, unit price, amount - Complete this area as appropriate. Itemization should be detailed enough so that the claim can be audited without further inquiry. If you are submitting your own itemized invoice, it is not necessary to repeat this detail on the claim voucher. Your invoice should be attached the voucher and reference made to it in the space for itemization on the voucher. PLEASE NOTE: ONLY ONE INVOICE PER VOUCHER MAY BE SUBMITTED.

12 Total claimed - State the total dollar amount being claimed.

IMPORTANT NOTE TO COUNTY DEPARTMENTS

Please complete the voucher document number generated from NIFS.
Vouchers cannot be paid without this number.

ONLY ONE INVOICE IS PAYABLE PER CLAIM VOUCHER

Complete the accounting information on at least one line under "NIFS Account Codes."
Use additional lines if more than one account is being charged.

Complete and enter into NIFS "invoice no. or claim no. and description" using the following format:

Asterisk (*), followed by the vendor's invoice number if provided, followed by an asterisk (*), and then a description of the goods or services.

When no invoice number has been provided, enter asterisk (*), followed by the claim number pre-printed at the top, followed by an asterisk (*) and then a description of the goods or services.   *A total of up to (50) characters may be used.*

Enter the name of your department, your name, and telephone number.