

LIVINGSTON COUNTY CLAIM SUBMITTAL FORM

Department Name: Livingston County Board of Supervisors, 6 Court Street, Geneseo, New York 14454

Claimant's
Name
and
Address



Dates	Description of Materials/Services	Unit Price	Amount
		TOTAL	\$

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 County of Livingston on the dates stated; that no part has been paid or settled; that taxes, from which the County of Livingston is exempt are not included; and that the amount claimed is actually due.

8/27/2013

DATE

SIGNATURE

TITLE