

CLAIM FORM

TAX EXEMPT

TAX ID. NO. > 14-6002563

SOLD TO COUNTY OF ALBANY, NEW YORK CLAIMANT Name: Albany Housing Authority (1263) Address: 200 South Pearl St. <p style="text-align: center;">Albany, NY 12202</p>		LEAVE THESE SPACES BLANK	
		RECEIVED FOR AUDIT	
		AMOUNT \$	
		ORDER	EXTENSIONS
		CLAIM APPROVED THIS DATE 20 FOR \$	
		SIGNED:	
		AUDITOR	
OFFICE OR DEPARTMENT DISTRICT ATTORNEY	CODE 1165-	DATE PAID	CHECK NO.

P.O. NO.	QUANTITY	DESCRIPTION OF ITEMS OR WORK PERFORMED	UNIT PRICE	AMOUNT
LIST INVOICE OR SALES SLIP NUMBERS IF AVAILABLE				
		Rent due for CJOC 155 Clinton Ave. Albany, NY 12210		
		March 1, 2021-February 28, 2022	\$10,404	
		March 1, 2022-February 28, 2023	\$10,612	\$21,016 00
TOTAL				\$21,016 00

Claims must be rendered in DUPLICATE to head of department for which services or materials are furnished.

CERTIFICATE OF CLAIMANT

I, Chiquita D'Arbeau do hereby certify
 (Print or type name of person certifying, whether claimant, member of firm, or officer of corporation)
 that I am Executive Director (if individual, leave blank; if partner, write "a member of the firm (naming the firm)"; if corporation, title of officer and name of corporation) and that this claim is true and correct and that the amount claimed is due, owing and unpaid; that the services were actually rendered, the disbursements actually and necessarily made or the supplies or equipment actually delivered and that the consideration has passed to the County of Albany as stated herein; that no Federal or State taxes for which the County is exempt are included in the purchase price. Certified true and correct.

NOTICE TO INDIVIDUAL CLAIMANTS

If this claim is being submitted for payment to an individual for services rendered or for any reason other than reimbursement of expenses incurred on county business, you must supply your Fed. Tax ID. No. or your Social Security No. in the space provided.

FEDERAL TAX IDENTIFICATION NO. OR SOCIAL SECURITY NO. >

X

Chiquita D'Arbeau for Albany Housing Authority
 CLAIMANT

X 8/17 By 22
 Dated.....20.....

CERTIFICATE OF APPROVAL BY DEPARTMENT HEAD OR OFFICER THROUGH WHOM CLAIM ORIGINATED

I hereby certify that the services enumerated in this claim were actually rendered by the persons named; the disbursements made; or the supplies or equipment were actually delivered, accepted, counted and inspected by me and are satisfactory and of the quantity and quality specified in such claim; that the contract price has been earned; that the services, disbursements, supplies or equipment were necessary and have been, or will be, applied to the use of this department.

Dated....., 20.....

Head of Department

CLAIM NO.