

146 Gettle Road, Station 1
Averill Park, New York 12018-2608

CLAIM NO.

IF VENDORS INVOICE IS AVAILABLE AND TO AVOID RELISTING DETAIL
ATTACH INVOICE AND AFFIX SIGNATURE AND AMOUNT REQUIRED ON BOTTOM.

CLAIM FORM

PAYABLE TO:

VENDOR NO. _____

ACCOUNT NO. _____

Date of Claim:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same, have been actually performed for furnished and/or delivered to the school district named hereon; that said claim is just, due and unpaid and that there are no offsets against same; that the items and specification therein are correct; that the sums charged are reasonable; that no payment has been made on account therefore except as included or referred to in such account or claim.

AMOUNT _____

Signature of Claimant or Authorized Representative

Supervisor Approval
FORWARD TO DISTRICT OFFICE

For Office Use

DATE _____

PURCHASING AGENT