

CLAIM NO.

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

PAYROLL CLAIM FORM

PAYABLE TO: _____

VENDOR NO.

ACCOUNT NO.

REQUIRED PRE-APPROVAL

ESTIMATED CLAIM AMOUNT:

BUDGET CODE: _____

Must be assigned during pre-approval process

Supervisor Pre-Approval

Date of Claim:

Forms should be submitted within 60 days of completion of work or before the end of fiscal year (June 30th), whichever comes first.

# of Hours/Per Diem	DESCRIPTION	Hrly/Per diem rate	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

Please meet with your supervisor to review claim prior to submitting

Supervisor Final Approval
FORWARD TO DISTRICT OFFICE

For Office Use

DATE _____

PURCHASING AGENT