

CLAIM FORM

VENDORS NAME & ADDRESS

Date you are completing this form:

ALL ITEMS MUST BE FILLED IN BY VENDOR OR PAYEE.
PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY. ILLEGIBLE CLAIMS WILL BE RETURNED.

DESCRIPTION

TOTAL AMOUNT

Approval of Principal/Supervisor:

Signature

Date

TOTAL \$

This is to certify the work, labor, services, materials and supplies charged in the above amount or claim and included in same, amount to \$ _____ have been actually performed for, furnished and/or delivered to the Board of Education, LAGRANGEVILLE, NY.; that said claim in just, due and unpaid and that there are no offsets against the same; that the specifications therein are correct; that the sums charges are reasonable and just; that no payment has been made on account hereof, except as included or referred to in such account or claim.

Vendor (Payees Name)

Signature of Claimant (Payee)

Date

CODE FUNCTION	CODE OBJECT	LOCATION	PROGRAM	AMOUNT PAID
___ _	___ _	___ _	___ _	\$
___ _	___ _	___ _	___ _	\$

DO NOT WRITE IN AREA BELOW - FOR USE BY BUSINESS OFFICE ONLY

Extended by	Audited by	TOTAL \$
-------------	------------	----------

APPROVAL OF OFFICER GIVING RISE TO CLAIM

I hereby certify that this claim has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

Date

Signature of Purchasing Agent