



District Office
 14665 State Route 22
 New Lebanon, NY 12125

CLAIM FORM (INVOICE)

 Name

 Date

 Mailing Address

 City, State and Zip

Detailed invoices may be attached and totals entered on this claim form.

Quantity	Description	Unit Price	Total

VENDOR MUST SIGN THIS CERTIFICATE: This is to certify that the materials and/or services charged and included in the above claim amounting to \$_____ have been actually performed for, furnished and/or delivered to the above mentioned BOARD OF EDUCATION; that the charges are true and just, and that no payments have been made on account, except as included therein.

 Name

 Signature of Claimant

 Date

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: I hereby certify that this bill has been rendered in accordance with the contract, or accepted estimate, and that the work has been completed and/or materials delivered satisfactorily.

 Date

 Signature of Purchasing Official

 Date

 Signature of Principal