

CLAIM

Claim No.

(Invoice)

To: Board of Education
Sherburne-Earlville Central School
15 School Street
Sherburne, NY 13460

Date of Invoice 20 _
Sent to _
At

From:

(Name and
address of
Vendor)

Detailed Invoiced may be attached, and totals entered on this claim form. Certificate below MUST BE SIGNED.

Purchase Order No.	Invoice Number	Quantity	Description of Items	Unit Price	Amount
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PLEASE DONOT SUBMIT CLAIM UNTIL
ORDERS COMPLETED

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 named BOARD OF EDUCATION; that the charges therefor are true and Just, and that no payments have been made therefor except as included therein.

(Name of Vendor)

(Signature of Claimant or Officer)

(Title)

(Date)

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

Date

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(Signature of Purchasing Official)

