# CLAIM

Claim No. _____

(Invoice)

Date of Invoice _____ 20 ___

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

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 | Quanity | Description of Items | Unit Price | Amount |
|---|---|---|---|---|---|
| | | | PLEASE DO NOT SUBMIT CLAIM UNTIL ORDER IS 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, agree or accepted estimate, and that the work has been completed and/or the materials delivered satisfactorily.

Date _____

_____ (Signature of Purchasing Official)