



Claim Form Invoice

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

Claim No. _____
Date of Invoice _____
Sent To _____
At _____

FROM (vendor name and address): _____

Detailed invoices maybe attached and totals entered on this claim form. Certificate below MUST BE SIGNED.

| Purchase Order No. | Invoice No. | Quantity | Description of Items | Unit Price | Amount |
|---|-------------|----------|----------------------|------------|--------|
| PLEASE DO NOT SUBMIT CLAIM UNTIL ORDER IS COMPUTED | | | | | |

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

Name of Vendor **Signature of Claimant/Officer and 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**

Sherburne-Earlville Central School District
15 School Street, Sherburne, NY 13460

