CLAIM FORM

(Attach invoice if applicable)

Solvay Union Free School District Office of the Board of Education 103 Third Street Solvay, NY 13209-1532

From:	 Date:
Name and	 Sent to:
address of	
vendor	At:

Purchase Order No.	Invoice Number	Quantity	Description of Items	Unit Price	\$ Amount
			Fee for (Job Description)		
			On		
			(Level & Sport) (Date)		
			Solvay vs		
			Extra Period Fee (Officials Only)		
			Milage¢		
			Officials Status in Local Board		
			Officials SS #		

FOR SCHOOL USE ONLY

Budget Code _____

Supervisor/Administrative Approval:

Vendor must sign this certificate: This is to certify that the materials and/or services charged and included in the above claim have been actually performed for, furnished and/or delivered to the above-named Board of Education: amounting to \$ that the charges therefore are true and just, and that no payments have been made therefore 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: _____ Signature of Purchasing Official: _____