

CLAIM FORM

(ATTACH INVOICE IF APPLICABLE)

To: **SOLVAY UNION FREE SCHOOL DISTRICT**
OFFICE OF THE BOARD OF EDUCATION
103 THIRD STREET
SOLVAY N. Y. 13209 - 1532

Date: _____

From: _____

Sent to: _____

Name and
Address of
Vendor:

Detailed invoices 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 |
|--------------------|----------------|----------|--|------------|----------|
| | | | <p>NOTE: Please SIGN and return for processing. Thank you.</p> | | |

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 amounting to \$ _____, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; 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)