

BALDWINSVILLE CENTRAL SCHOOL DISTRICT

Baldwinsville, New York 13027

(315) 638-6055

CLAIM FORM

INVOICE TO:

Baldwinsville Central School District
29 East Oneida Street
Baldwinsville, N.Y. 13027
Attn: Business Office
NYS TAX EXEMPT #15-6002126

OFFICE USE ONLY:

Claim No. _____
Vendor No. _____
Budget Code _____

CLAIM
FROM:

V _____
E _____
N _____
D _____
O _____
R _____

Vendor's Soc. Sec. No. _____

Detailed invoices may be attached, and totals entered on this Claim Form. Claim Form MUST BE SIGNED below by claimant.

Quantity	Description of Items	Unit Price	Amount

CLAIMANT MUST SIGN THIS CERTIFICATE:

This is to certify that the materials and/or services charged and included in the above claim amount of \$ _____, have been actually performed/furnished and/or delivered to the above named School District, that the charges therefore are true and just, and that no payments have been made therefore except as included therein.



Signature of Claimant

Date

APPROVAL OF SCHOOL OFFICIAL:

I hereby certify that this bill was rendered in accordance with the contract agreement, or accepted estimate, and that the work has been completed and/or materials delivered satisfactorily.



Principal's/Supervisor's Signature

Date



Purchasing Official's Signature

Date